

# Personal Information Request Form



Complete this form to request access to personal information held about you by DCS Group Aust Pty Ltd. Note that a fee may apply to process your request. Fields marked with an asterisk (\*) are mandatory. Providing detailed information will assist us in processing your request.

TITLE	FIRST NAME*	MIDDLE NAME/S	SURNAME*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH*	CONTACT PHONE NUMBER*		EMAIL ADDRESS*
<input type="text"/>	<input type="text"/>		<input type="text"/>
ADDRESS*	TOWN/SUBURB*		
<input type="text"/>	<input type="text"/>		
STATE*	POSTCODE*		
<input type="text"/>	<input type="text"/>		

PLEASE PROVIDE DETAILS OF THE PERSONAL INFORMATION YOU WOULD LIKE TO ACCESS/OBTAIN\*:

PLEASE PROVIDE SPECIFIC DETAILS OF THE REASON WHY YOU WOULD LIKE TO ACCESS /OBTAIN THE INFORMATION\*

In some circumstances the calls made to and from our organisation are recorded. If you would like to access an audio copy of the call recording, please advise us which calls you require copies of. If you are aware of the date that the call was made and the name of the consultant you spoke with, please provide this information. You will be advised whether recordings of the calls requested have been made. Please be aware that an additional fee may be charges to access copies of call recordings.

DATE OF CALL	CALLER LOCAL TIME OF CALL	NAME OF DCS GROUP EMPLOYEE (IF KNOWN)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please note that in some circumstances we may decline to release information and reports but will not do so unreasonably. Such circumstances are where information is subject to privacy laws, where information is protected from disclosure by law, or where the release if the information may be prejudicial to us in relation to a dispute or claim. In circumstances where we decline to the release of the information, we will give you reasons and you have the right to request a review of our decision through our complaint handling procedures. We will provide a reason in writing upon request.

SIGNATURE*	DATE*	OFFICE USE ONLY
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please provide a photocopy of your driver's licence or other photo identification as proof of identity.\***

**Once completed:** Mail to: Privacy Officer, PO Box 3074 Newstead, QLD 4006 or, e-mail to: [privacy@dcsgroup.com.au](mailto:privacy@dcsgroup.com.au)

**What happens next?** You will be contacted by the person who will be collating your personal information. They will advise of any fees that may be applicable and the expected timeframe to provide your information

**If you have a query:** To discuss any aspect of your request, please contact us on 1300 725 052 or e-mail us at [privacy@dcsgroup.com.au](mailto:privacy@dcsgroup.com.au)