



Administrative Decisions Tribunal
New South Wales

**APPLICATION FOR REVIEW OF CONDUCT OF
A PUBLIC SECTOR AGENCY**

*Privacy and Personal Information Protection Act 1998 &
Health Records and Information Protection Act 2002*

GENERAL DIVISION

File number *(for office use only)*

PARTIES

Applicant _____

Respondent _____

INTERNAL REVIEW – *You must have lodged with the agency an application for internal review of the conduct before making this application*

The date the internal review was lodged was _____

- The internal review was determined, a copy of the determination is attached **OR**
 The internal review has not been determined but 60 days has passed since I lodged it

CONDUCT FOR REVIEW – *Complete one or more of the following*

- The Agency has contravened an Information Protection Principle and/or a Health Privacy Principle.

Identify the Principle:

Briefly describe how the Principle has been contravened:

AND / OR

- The Agency has contravened a Code of Practice.

Identify the Code of Practice:

Briefly describe how the code of practice has been contravened:

AND / OR

The Agency has disclosed personal information kept in a public register.

Identify the public register:

Briefly describe what personal information was disclosed, to whom and in what circumstances it was disclosed by the Agency:

ORDERS SOUGHT

The orders that the Tribunal can make are listed in Section 55(2) of the *Privacy and Personal Information Act 2002*

The applicant seeks the following order/s:

LATE APPLICATION

If this application is lodged outside the prescribed time limit you must provide a reasonable explanation for the delay and be granted leave to proceed with the application. Please give your explanation:

PRIVACY COMMISSIONER

The Tribunal is required by law to notify the Privacy Commissioner of this application. The Privacy Commissioner has a right to appear and heard in the proceedings. A copy of this application and any subsequent appeal will be forwarded to the Privacy Commissioner.

PARTY DETAILS

APPLICANT

Name

Address

Phone / Fax

Email

APPLICANT'S LEGAL REPRESENTATIVE (IF ANY)

Name

Address

Phone / Fax

Email

RESPONDENT

Name

Address

Phone / Fax

SIGNATURE

Applicant's signature or the signature of the applicant's legal representative

Name

Date

REGISTRY DETAILS

Level 15, St James Centre, 111 Elizabeth St Sydney 2000
DX 1523 Sydney
Phone 02 9223 4677 Freecall 1800 060 410
Facsimile 02 9233 3283 TTY 02 9235 2674
www.lawlink.nsw.gov.au/adt