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# REQUEST FOR ACCESS TO PERSONAL INFORMATION HELD BY THE AUSTRALIAN RED CROSS BLOOD SERVICE

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The details collected on this form will enable us to process your application to provide you with access to your personal information. All information provided by you will be handled in the strictest confidence in accordance with the Federal Privacy Act.

**Please return completed form to:**

**Chief Privacy Officer, Level 3, 417 St Kilda Road, Melbourne, Victoria 3004.**

- ✓ If presenting this form in person please bring one form of government issued ID, such as a driver's license, Medicare card or passport.
- ✓ If mailing this form please include a photocopy of one form of government issued ID.
- ✓ For all enquiries please contact us by telephone on **13 14 95**.

Name:	Donor Number:
Address:	
Date of Birth:	Telephone:
<b>Details of Information required:</b> (Please be specific – it will enable us to respond promptly)	
If information is required urgently please advise the circumstances of that urgency:	
<b>Information required by (insert date):</b>	
Applicant's signature:	Date:

<b>STAFF USE ONLY</b>	
Please ensure a photocopy of identification is attached if available.	
Received by:	
Signature:	
Date:	
Print Name of Privacy Officer:	
Signature:	
Date:	