

Request for access to personal information held by Australian Red Cross Lifeblood

The details collected on this form will enable us to process your application to provide you with access to your personal information. Your personal information will be treated as confidential and held in compliance with the Privacy Act 1988 (Cth), State/Territory health records legislation and Lifeblood's Policy. Our Privacy Policy explains how we collect, use, store and disclose your personal information; how you may access or seek correction of your personal information; how to make a complaint about a breach of your privacy, and how we will handle that complaint. You can access our Privacy Policy at donateblood.com.au/privacy-policy

Your details

Name: _____ Donor Number: _____ Date of Birth: _____
Address: _____
Telephone: _____ Email: _____

Information you are requesting

I would like information about my:

Date: From _____ to _____

Details: _____

Please send me the requested information by:

Please allow 21 days for your request to be processed.

If the information is required urgently

What date do you need it by?

What are the circumstances of the urgency?

Submitting this form

Please confirm that you have attached a copy of suitable ID documentation so Lifeblood can verify your identity for the purposes of this request.

I have attached a copy of my ID to enable Lifeblood to verify my identity for the purposes of this request.

If other, please state: _____

Once you've filled in the above information, you can print the form by clicking [here](#).
You can then sign the form and send it with a copy of your ID.

Applicant's signature: _____ **Date:** _____

By email to: PrivacyRequestsAUS@redcrossblood.org.au OR by mail to: **The Chief Privacy Officer**
GPO Box 5103
Melbourne VIC 3001

Privacy officer use only

I have sighted the applicant's ID.

Approved by: _____

Signature: _____

Date: _____