**Information Application**

*St Mary’s Hostel/Children and Families Welfare Services*

Thank you for your request for records relating to St Mary’s Hostel from the Anglican Diocese of the Northern Territory. Please complete this form to enable the Diocese to assist you.

Details of former resident

|  |  |
| --- | --- |
| Title: |  |
| Given Names: |  |
| Family Name: |  |
| Date of Birth: |  |
| Previous Names by which the resident was known: |  |
| Commencement Date of Residency (best estimate): |  |
| Conclusion Date of Residency (best estimate): |  |
| Current Residential Address: |  |
| Current Postal Address: |  |
| Telephone/Mobile: |  |
| Email Address: |  |
| Preferred mode of contact: | Email / Post / Telephone (*please select one*) |
| Information requested (e.g. admission documents): |  |

Applicant Details

Are you seeking access to information *on behalf of* a former resident? If not, please proceed to the next section “Evidence of Identity”. If so, please answer the following information about yourself *and* provide a document as evidence of your authorisation to act on the former resident’s behalf:

*Personal Details*

|  |  |
| --- | --- |
| Title: |  |
| Given Names: |  |
| Family Name: |  |
| Date of Birth: |  |
| Current Residential Address: |  |
| Current Postal Address: |  |
| Telephone/Mobile: |  |
| Email Address: |  |
| Preferred mode of contact: | Email / Post / Telephone (*please select one*) |

Evidence of Identity

It is understood that you are seeking access to information that contains personal information either in relation to you or on behalf of another person. Accordingly, you are required to provide some evidence of your identity with this application to enable processing of your application. If you are seeking documents on someone’s behalf, you must provide confirmation of your authority to do so, from that person.

Please attach copies of your information to this application form when posting to GPO Box 2950, Darwin, NT, 0801 *or* emailing this to [registrar@ntanglican.org.au](mailto:registrar@ntanglican.org.au). Alternatively, you may attend our Office at 2–4 Smith Street, Darwin by appointment with original documents which may be viewed by our Registrar.

One item from the following list are required:

* Current driver’s licence
* Identifying page of a current passport
* Birth certificate or extract
* Another card issued by a department of any government of Australia (e.g. Medicare Card)
* Statutory declaration of an individual who has known the applicant for at least one year (e.g. <https://nt.gov.au/law/processes/statutory-declarations> which, if signed in the Territory, may be made before any person 18 years or older)

Provision of Information

It is not expected that there will be application or processing fees relating to access to information, which will be provided by email (unless requested otherwise, potentially subject to cost of printing and postage).

On receipt of a valid application form, the Registrar of this Diocese (or delegate) will search the St Mary’s registers and archives. Given the records of St Mary’s include many (but not all) resident files, some of which contain much correspondence, it is expected that it will take approximately four (4) weeks to provide the information requested.

Privacy Note

The information you provide on this form will be used by the Diocesan Office to deal with your application in accordance with our Privacy Policy, which can be found on the Diocesan website at <https://www.ntanglican.org.au/ministry-and-registry/forms-procedures/other-forms-procedures/> under the heading “Other Policies & Forms”.

Declaration

I hereby certify that I am *the former resident / acting on behalf of the former resident with their authority* *(strike out whichever does not apply)* and I hereby authorize Anglican Diocese of the Northern Territory to provide this information. I understand that it is an offence to give misleading information about my identity and that doing so may result in a refusal to process the application.

I declare that:

* The information provided in this form is complete and correct;
* I have ready the privacy notice; and
* Where applicable, I have attached documents for the purpose of this application (e.g. evidence of identity, authorization to act on another person’s behalf).

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this completed form and accompanying documentation to:

The Synod of the Diocese of the Northern Territory Incorporated

G.P.O. Box 2950, Darwin NT 0801

Ph: 08 8941 7440

Email: registrar@ntanglican.org.au