



Request for Parental Access to Child's Record

Form 02

****ONLY COMPLETE THIS FORM IF YOU WANT TO GET COMPUTER ACCESS TO YOUR CHILD'S RECORD****

How to lodge your Application at Australia Post

Lodge your form at your local post office. To find the nearest participating outlet visit www.healthelink.nsw.gov.au.

1. To verify your identity, the details in section A and B must EXACTLY MATCH your identification documents.
2. Your child's Healthelink ID can be found on the letter you received when they were enrolled
3. DO NOT sign section C, your signature must be witnessed by the Australia Post verifier
4. Identification documents MUST be produced and be original and current for both you and your child
5. Write your child's details in section E and provide evidence of your relationship.

Please use **BLACK INK** and print within the boxes in **BLOCK LETTERS**

A. Details of Applicant (Parent or Guardian)

Title (Mr, Mrs etc)

Family name/surname

Given name/s (in full name no initials)

Date of birth

Sex (M/F)

Contact phone number

B. Address of Applicant (must be an Australian residential address not a PO Box)

Current residential address

Unit number / street number / street name (with a gap between numbers and words)

Suburb/locality

State

Postcode

Postal address

Email address (optional)

 Same as above

Unit number / street number / street name (with a gap between numbers and words)

Suburb/locality

State

Postcode

C. Declaration by Applicant

Please provide your own security question and answer. Your security question and answer will allow us to identify you over the phone and issue your password. For example "What is my mother's maiden name?" or "What was my first pet's name?"

Question

Answer

DO NOT SIGN UNTIL YOU LODGE THIS FORM AT AUSTRALIA POST

Your signature must be witnessed by the Australian Post verifier.

Please sign in black ink

Applicant to sign at Australia Post

I acknowledge that the information on this form is true and correct. The details on this form have been completed by me and not another person.

Date

Disclaimer and Privacy Notice - Australia Post is acting as an agent for Health Technology and collects your information to identify you in accordance with requirements under Australian Law. Your details will be forwarded to Health Technology and may also be disclosed to government agencies. Subject to certain exceptions you may request access to your personal information. If access is denied, the law says we must tell you why.

D. Australia Post use only - Identification Documents for Applicant (Parent/Guardian)

Primary Documents - You may only use **ONE** Primary Document

Secondary Documents - You may use a combination of Secondary Documents. If you use more than one credit and savings account card, bank statement or utilities bill, they must be from different organisations. **Point Value**

Primary	<input checked="" type="checkbox"/> Birth Certificate/Card	Number	<input type="text"/>	State	<input type="text"/>	70	<input type="text"/>	
	<input checked="" type="checkbox"/> Passport	Number	<input type="text"/>	Country	<input type="text"/>	70	<input type="text"/>	
	<input checked="" type="checkbox"/> Citizenship Certificate	Number	<input type="text"/>	Country	<input type="text"/>	70	<input type="text"/>	
Secondary	<input checked="" type="checkbox"/> Australian Driver Licence	Number	<input type="text"/>	State	<input type="text"/>	40	<input type="text"/>	
	<input checked="" type="checkbox"/> Public Sector Employee ID Card	<input checked="" type="checkbox"/> NSW Photo Card	<input checked="" type="checkbox"/> Centrelink Card	<input checked="" type="checkbox"/> Tertiary ID Card	<input checked="" type="checkbox"/> Bank Statement	25	<input type="text"/>	
	<input checked="" type="checkbox"/> Mortgage Documents	<input checked="" type="checkbox"/> Credit or Debit Card	<input checked="" type="checkbox"/> Medicare Card	<input checked="" type="checkbox"/> Council Rates Notice	<input checked="" type="checkbox"/> Utilities Bill	25	<input type="text"/>	
	TOTAL POINTS					<input type="text"/>	<input type="text"/>	<input type="text"/>
	(must = 100 points or more)							

E. Confirm identity of child and evidence of relationship (Parent/Guardian to fill in child's details)

Child's Family name/surname	<input type="text"/>	Child's Healthlink ID	<input type="text"/>
Child's Given name/s (full name no initials)	<input type="text"/>	Date of birth	<input type="text"/>
Relationship to the child	<input type="text"/>		

E1: Australia Post: Sight and record evidence of identity of child

Select 1	<input checked="" type="checkbox"/> Birth Certificate/Card	Number	<input type="text"/>	State	<input type="text"/>
	<input checked="" type="checkbox"/> Passport	Number	<input type="text"/>	Country	<input type="text"/>
	<input checked="" type="checkbox"/> Citizenship Certificate	Number	<input type="text"/>	Country	<input type="text"/>

E2: Australia Post: Sight and record evidence of relationship between parent/guardian and child

Select 1	<input checked="" type="checkbox"/> Birth Certificate/Card	Number	<input type="text"/>	State	<input type="text"/>
	<input checked="" type="checkbox"/> Court Order	Number	<input type="text"/>		
<input checked="" type="checkbox"/>	Letter from Healthlink advising evidence of relationship has been confirmed. (This is only required if you cannot provide the evidence of identity documents required at E1 and E2.)				

F. Australia Post use only

I have sighted original documents for the Evidence of Identity of the Applicant (**Section D**) and the Child (**Section E1**) **AND** also for the Evidence of Relationship (**Section E2**). I have witnessed the signature of the applicant.

Verifier's name	<input type="text"/>									
Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work centre code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Verifier's signature	<input type="text"/>									
Comments	<input type="text"/>									