



## APPLICATION FOR RECORDS REQUEST

### INSTRUCTIONS ON HOW TO USE THIS FORM

As part of assisting The Salvation Army with your request, the following information is required. Please complete this form and return to: **Historical Records – Territorial Mission & Resource Team PO Box A435 Sydney South NSW 1235.**

The Salvation Army (defined below) is bound by the *Privacy Act 1988* (Cth) and, in some cases, State specific privacy legislation.

The Salvation Army collects Personal Information in this application form in order to respond to your request for old records. In responding to your request, it may be necessary for The Salvation Army to disclose your Personal Information to third parties such as Government agencies or contracted service providers.

Apart from this, your Personal Information will only be used or disclosed in a manner set out in The Salvation Army's Privacy Policy or in a manner permitted under the Privacy Act.

Further information regarding how The Salvation Army handles your Personal Information is contained in its' Privacy Policy, a copy of which is available on request.

***If you are a former TSA resident, please complete this application form and enclose a copy of ONE of the following documents as proof of identification:***

*a) Birth Certificate b) Driver's Licence c) Medicare Card d) Passport or e) an alternative Document that provides the name and date of birth that matches what you have indicated on the application form.*

***If you are a family member, solicitor, genealogist, advocate or other representative, please complete this application form and provide a copy of the relevant identity document of the TSA resident and a completed consent form.***

***If you are the executor of the estate of the TSA resident, please complete this application form and provide a completed consent form.***

***For ALL adoption related record searches, please ensure you enclose your Supply Authority.***

Date of Request: \_\_\_\_\_

### CONTACT DETAILS

Full name of Individual applying for information: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address for return information to be sent: \_\_\_\_\_

Telephone/Mobile number: \_\_\_\_\_

Email address: \_\_\_\_\_

**RECORD SEARCH INFORMATION REQUIRED**

Full name of individual at time of admittance: \_\_\_\_\_

Full MAIDEN name of individual's mother: \_\_\_\_\_

Full MARRIED name of individual's mother: \_\_\_\_\_

Full name of individual's father: \_\_\_\_\_

Names and DOBs of siblings: \_\_\_\_\_

Name of Salvation Army Home or Hospital: \_\_\_\_\_

Admission date, if known. \_\_\_\_\_

Discharge date, if known. \_\_\_\_\_

Were there multiple admissions? \_\_\_\_\_

Number of months/years under care: \_\_\_\_\_

Was the person a Ward of the State? \_\_\_\_\_

If you are not the person whose name appears on the records, please explain the reason why access to the records is requested.

\_\_\_\_\_  
\_\_\_\_\_

By signing below, I hereby consent to The Salvation Army collecting my personal information, using and disclosing it as set out in this form.

**SIGNATURE**

**The Salvation Army means:**

- (a) The Salvation Army (being the unincorporated religious and charitable institution);
- (b) The Salvation Army (New South Wales) Property Trust;
- (c) The Salvation Army (Queensland) Property Trust; and
- (d) Any organisations or bodies corporate owned by or operated by any of the entities referred to in paragraph (a) to (c) of this definition.