

Financial Hardship Guidelines Relating to Freedom of Information Charges for Access

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Objective

To provide assistance to members of the community who can genuinely demonstrate financial hardship in relation to Freedom of Information charges for access.

Council recognises that members of the community may at times have difficulty in paying Freedom of Information charges for access and is therefore committed to providing mechanisms to support these individuals.

Who is eligible?

Any member of the community who submits a valid Freedom of Information request is eligible to apply for a waiver or reduction of the charges for access.

Section 22 (1) of the *Freedom of Information Act 1982* (the Act) provides Council with the ability to waive or reduce the payment of the Freedom of Information charges for access on the grounds of hardship and subject to any conditions determined by the Council.

What is Financial Hardship?

The Macquarie Dictionary (2nd edition, 1995) defines hardship as “*a condition that bears hard upon one: severe toil, trial, or oppression or need*”.

An applicant must be able to demonstrate to Council that they are experiencing financial hardship or that payment of the Freedom of Information charges for access would cause them to suffer financial hardship.

In order to determine hardship, Council may request the applicant to provide further evidence or information, financial or otherwise before considering financial hardship assistance. This information may include such documentation as a health care card, bank statements, or a statutory declaration outlining why payment would cause the applicant financial hardship.

How to apply

An applicant seeking assistance is required to complete the Financial Hardship Application Assessment form provided below. Should you wish to discuss this matter please contact Council's Freedom of Information Officer who can be contacted on (03) 5481 2200 or governancesupport@campaspe.vic.gov.au.

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Your personal information is being collected by Campaspe Shire Council for the purpose of assessing and processing your application for financial hardship regarding the Freedom of Information application fee. Your information will be stored in Council's customer database and used to identify you when communicating with Council regarding the Freedom of Information process. For further information on how your personal information is handled, refer to Council's Privacy and Data Collection Policy at <https://www.campaspe.vic.gov.au>.

Please return the completed form to: **Campaspe Shire Council, Governance Support, PO Box 35, Echuca Vic 3564** or via email governancesupport@campaspe.vic.gov.au.

Date of application: _____

Section 1: Personal Details			
Family Name:		Given Name(s):	
Date of birth:			
Mailing Address or Street name and number:			
Suburb:		Post Code:	
Email Address:			
Telephone:	H:	M:	
Do you hold a current health care card? Yes / No			
If you do not hold a current health care card, please provide a statutory declaration outlining why payment/reduction of the Freedom of Information application fee would cause you financial hardship?			

Section 2: Documented evidence	
If required, are you able to provide documented evidence (such as bank statements, prescriptions, or Doctor's certificates) to support that you or a family member are required to spend a substantial proportion of your income on ongoing medical attention and medicines?	Yes / No
If required, are you able to provide documented evidence (such as a bank statement, or invoices) that payments are being made by you to meet the cost of child day care in order to continue employment or other work?	Yes / No
If required, are you able to provide documented evidence to support that you are making payments for accommodation (such as rental payments) wholly or mainly from your income?	Yes / No

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If required, are you able to provide documented evidence to support that you incur substantial expense in travelling to and from your place of employment?	Yes / No
If required, are you able to provide documented evidence to support that there has been a loss of financial contribution from someone who has previously contributed to the cost of your household?	Yes / No

Amount to be waived or reduced

I am seeking the following amount to be waived in relation to access charges: \$
or

I am seeking the following amount to be reduced in relation to charges for access: \$

Declaration

I hereby declare that the information provided is true and correct.

Signature: _____

Date: _____

Please return the completed form to: Campaspe Shire Council, Governance Support, PO Box 35, Echuca Vic 3564 governancesupport@campaspe.vic.gov.au.