






IMMUNISATION RECORDS REQUEST

APPLICANT DETAILS			
Your full name			
Property address			
Postal address			
Telephone	<i>Mobile</i>	<i>Home</i>	
Email			
YOUR RELATIONSHIP TO THE PERSON WHOSE RECORDS YOU ARE REQUESTING			
Records are for:	Myself <input type="checkbox"/>	My Child <input type="checkbox"/> <i>(complete following)</i>	
I am the child's:	Parent <input type="checkbox"/>	Guardian <input type="checkbox"/>	Other <input type="checkbox"/> <i>(please specify below)</i>
If 'other' please advise:			
REQUESTED IMMUNISATION RECORDS ARE FOR			
Full name of the person detailed within the record			
Date of birth of the person detailed within the record			
Current address of the person detailed within the record			
Address at time of immunisation			
School attended at time of immunisation			
Year/Grade at time of immunisation			
IMPORTANT NOTICE - Privacy Statement			
Scenic Rim Regional Council is collecting your personal information on this form in order to issue the requested Immunisation records. The information will only be accessed by Scenic Rim Regional Council for Council business related activities. Your information is handled in accordance with the <i>Information and Privacy Act 2009</i> and will not be given to any other person or agency unless you have given us permission or we are required by law.			
Signature			Date
Council Use Only			
Amount - N/A	Date	File Reference 24/11/00	Doc set:
To submit your form to Council			
	Scenic Rim Regional Council, PO Box 25, BEAUDESERT QLD 4285		
	Beaudesert Customer Service Centre	82 Brisbane Street, Beaudesert	
	Boonah Customer Service Centre	70 High Street, Boonah	
	Tamborine Mountain Library & Customer Service	Cnr Main St & Yuulong Rd, Tamborine Mountain	
	(07) 5540 5111		(07) 5540 5103
			mail@scenicrim.qld.gov.au