

Please allow 10 working days for retrieval of record

DECLARATION:

The Colac Otway Shire Council collects personal information to levy rates, issue permits and licences and provide a variety of community services.  The information collected in this form is used only for the purposes contemplated by the form (primary purpose) and is not passed onto third parties.  In some instances however, disclosure is required by law or is necessary for the protection of persons or property.  Where this occurs, Council will take every reasonable step to ensure your privacy is protected in accordance with Privacy and Data Protection Act 2014 (Vic).  Should you need to change or access your personal details or require further information about Council’s Privacy Policy, contact our Privacy Officer on 5232 9400.

**PICK-UP**

**POST**

**EMAIL**

**Preferred method**

(Please tick)

**RECEIPT OF RECORDS**

Please list any changes that may have occurred to Surname or First Name that will assist in our search:

**PERSON APPLYING FOR THE RECORDS**

Surname:

First name:

Your relationship with the child: Are you the primary carer of this child?

Street address:

Signature of applicant:

Email:

Postal address (if different from above):

Phone: Mobile:

Town: Postcode:

Schools attended (if applicable):

Primary – Secondary -

Town: Postcode:

Street address:

Medicare No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference number on the card *(located on the left hand side, next to the name*) \_\_\_

Date of birth:

The Colac Otway Shire can provide records for individuals that have been immunised through Councils immunisations program. Council is not able to provide records of immunisations given by Doctors or other providers.

For people aged under 20 years, childhood immunisation records are also available through Medicare by visiting [www.mygov.au](http://www.mygov.au) or via the Express Plus mobile app. Alternatively you can contact the Australian Immunisation Register (AIR) on 18006 653 809 or arrange for an Immunisation History Statement to be sent via the mail.

**IMMUNISATION RECORDS DETAILS**

Surname:

First name:

**Application for Immunisation Record for child under 16 years of age**