

NEURO REHAB AT HOME

Practice Number: 0244511

Occupational Therapy – in and out of hospital

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REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

(Section 18 (1) of the Promotion of Access to Information Act (PAIA),
2000 (Act No. 2 of 2000)) [Regulation 6]

A. Particulars of person requesting access to the record

- (a) The particulars of the person who requests access to the record must be given below.
- (b) The address and/or Email address to which the information is to be sent, must be given.
- (c) Proof of the capacity in which the request is made, if applicable, must be attached.

Full names and surnames:.....

Identity number:

Postal address

Telephone numbers: (.....)

Fax number: (.....)E-mail address:

Capacity in which request is made, when made on behalf of another person:

C. Particulars of person on whose behalf request is made

This section must be completed ONLY if a request for information is made on behalf of another person.

Full names and surnames:.....

Identity number:

D. Particulars of record

1. Description of record or relevant part of the record:

.....
.....
.....

If you requested a copy, do you wish the copy to be posted to you? Postage is payable.	YES	NO
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G. Notice of decision regarding request for access

You will be notified in writing whether your request has been approved / denied. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.

How would you prefer to be informed of the decision regarding your request for access to the record?

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.....

Signed at this day of year

.....
SIGNATURE OF REQUESTER /
PERSON ON WHOSE BEHALF REQUEST IS MADE