



# Australian Immunisation Register

## Ceasing correspondence and release of information

### Purpose of this form

Use this form for yourself and children under 14 years of age in your care if you do not want:

- to receive information from the Australian Immunisation Register (AIR), **and/or**
- AIR information shared with third parties such as vaccination providers.

Children on your Medicare card aged 14 years of age or over, who have previously been withdrawn from receiving information from the AIR or from having their information shared with third parties, will need to complete a separate form if they wish to continue with this arrangement.

### Filling in this form

- **Please use black or blue pen**
- Print in BLOCK LETTERS
- Mark boxes like this  with a ✓ or X
- Where you see a box like this  ➔ **Go to 5** skip to the question number shown. You do not need to answer the questions in between.

### Returning your form

Check that all required questions are answered and that the form is signed and dated.

Send the completed form to:

**Services Australia**  
**Australian Immunisation Register**  
**PO Box 7852**  
**CANBERRA BC ACT 2610**

### For more information

Go to [servicesaustralia.gov.au/air](http://servicesaustralia.gov.au/air) or call **1800 653 809** Monday to Friday, between 8.00 am and 5.00 pm, local time.

**Note:** Call charges may apply.

### Reason for completing this form

1 Select the options that will apply

Tick **ALL** that apply

I do not want to receive information about my record from the AIR

I do not want the AIR to share my information with third parties such as vaccination providers

I do not want to receive information about the record of children in my care from the AIR

I do not want the AIR to share information about children in my care with third parties such as vaccination providers

### Your details

2 Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

3 Your date of birth

4 Medicare card number

Ref no.

5 Your permanent address

  


---

  
  


---

  
 Postcode

6 Do you have children in your care?

No  ➔ **Go to 8**

Yes



## Details of children in your care

- 7 Provide details of children under the age of 14 years in your care.

A separate form must be completed for individuals aged 14 years or over.

### Child 1

Child's family name
Child's first given name
Child's second given name
Child's date of birth
Medicare card number
Ref no.
Child's home address
Postcode

### Child 2

Child's family name
Child's first given name
Child's second given name
Child's date of birth
Medicare card number
Ref no.
Child's home address
Postcode

### Child 3

Child's family name
Child's first given name
Child's second given name
Child's date of birth
Medicare card number
Ref no.
Child's home address
Postcode



If you have more than 3 children in your care, attach a separate sheet with details.

## Privacy notice

- 8 Your personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for administrating payments and services. This information is required to assist with your application or claim.

Your information may be used by us, or given to other parties: where you have agreed to that; or where it is required or authorised by law (including for the purpose of research or conducting investigations).

You can get more information about the way in which we will manage your personal information, including our privacy policy, at [servicesaustralia.gov.au/privacy](https://servicesaustralia.gov.au/privacy)

## Declaration

- 9 I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Full name

Your signature

Date