

COPY



Government
of South Australia
Minister for Child Protection

GPO Box 1838
Adelaide SA 5001
DX 838

Tel (08) 8303 2926

minister.sanderson@sa.gov.au
www.childprotection.sa.gov.au

19MCP/0166

Mr Blair Boyer MP
Member for Wright
PO BOX 1111
GOLDEN GROVE SA 5125

Email: wright@parliament.sa.gov.au

Dear Mr Boyer

I refer to your Freedom of Information application received on 8 February 2019. You have requested a copy of the following:

"Since 17 March 2018, copies of all reimbursement forms made to staff within the Office of the Minister for Child Protection."

Searches have been conducted for documents matching the scope of your request and six documents have been identified. In accordance with the *Freedom of Information Act 1991, (the FOI Act)*, I have determined three of these documents to be release in full, whilst also partially releasing three documents.

The documents to be released in part contain the signature, address, middle initial, bank details and mobile phone number of the officers involved that are partially exempt from release. Clause 6(1) of the FOI Act states:

6—Documents affecting personal affairs

- (1) A document is an exempt document if it contains matter the disclosure of which would involve the unreasonable disclosure of information concerning the personal affairs of any person (living or dead).
- (2) A document is an exempt document if it contains allegations or suggestions of criminal or other improper conduct on the part of a person (living or dead) the truth of which has not been established by judicial process and the disclosure of which would be unreasonable.



Y402

- (3) A document is not an exempt document by virtue of subclause (1) or (2) merely because it contains information concerning the person by or on whose behalf an application for access to the document is made.
- (3a) A document is an exempt document if it contains matter—
- (a) consisting of information concerning a person who is presently under the age of 18 years or suffering from mental illness, impairment or infirmity or concerning such a person's family or circumstances, or information of any kind furnished by a person who was under that age or suffering from mental illness, impairment or infirmity when the information was furnished; and
 - (b) the disclosure of which would be unreasonable having regard to the need to protect that person's welfare.

In relation to Documents 3, 4, 5, and 6, these reimbursements were not finalised.

Please be aware that in accordance with Premier and Cabinet Circular PC045, *Disclosure Logs for Non-Personal Information Released through Freedom of Information*, this agency is required to publish a log of all non-personal information released under the FOI Act.

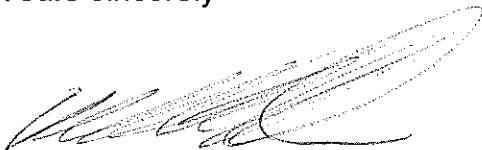
There are no costs levied for the processing of your application.

If you have any questions regarding this determination, please contact me on telephone (08) 8303 2023.

If you are dissatisfied with this determination, you can seek an Internal Review by writing to the Minister for Child Protection as the Principal Officer of this agency. Your request should be sent within 30 days of receipt of this letter.

I have also enclosed a copy of your rights to review and appeal this determination, which explains your review options.

Yours sincerely



Damian Leach
Accredited Freedom of Information Officer
Office of the Minister for Child Protection

6/3/2019

SCHEDULE OF DOCUMENTS

Item No.	Dated	Author	Recipient	Title/Description	Determination
1	9/5/2018	Penny Pratt	DCP	Vendor creation/amendment form with EFT details	Release in part
2	Undated			Receipt from David Jones	Full Release
3	Undated	Elizabeth Staniford	DCP	Vendor creation/amendment form with EFT details	Release in part
4	12/12/19			Receipt from Crozier Corporation	Full Release
5	Undated	Brendan Clark	DCP	Vendor creation/amendment form with EFT details	Release in part
6	9/1/2019			Receipt from 3 rd by NNQ	Full Release

VENDOR CREATION/AMENDMENT FORM WITH EFT DETAILS SHARED SERVICES SA

SUPPORTING DOCUMENTATION MUST ACCOMPANY THIS FORM

VENDOR DETAILS

Department: Child Protection

Create New Vendor ☒ Amend Vendor ☐ Purchase Order related ☐

Vendor Code (if known): Non-Purchase Order related ☒
(i.e. Online Payment Request)

VENDOR TYPE

SA Government ☐ Other Australian Government ☐ Business ☐ Foreign Entity ☐ Individual ☐

Employee ☐ please provide SA Gov Employee ID:

PAYMENT DETAILS (Business/Individual)

Australian Business Number (A.B.N.):

Business Name:

First Name: Penny Surname: Pratt

Address/PO Box: Clause 6

Suburb: Adelaide State: SA Post Code: Clause 6

Fax Number: — Phone Number: 8303.2923 Mobile Number: Clause 6

Email address for Remittance: Clause 6

*Where a Vendor (business or individual) has a valid Australian Business Number (ABN), a Statement by a Supplier form is required.
Withholding tax is applied if the Vendor does not supply a valid ABN or Statement by a Supplier form.

EFT BANK DETAILS

BSB Number: Clause 6 Account Number: Clause 6

Financial Institution: BANK SA Name on Account: MS. PENELOPE CLARA PRATT

Conditions:
Payment will have been deemed to be made when Shared Services SA has instructed the appropriate banking authority to credit the above account. Shared Services SA will not be responsible for any delay in the payment or errors due to factors outside of its control including delays or errors in the banking systems or errors in the account details supplied. Shared Services SA has the right to accept the authority of the undersigned as conclusive of that person's authority to execute this agreement on behalf of the Vendor. Vendor is required to repay Shared Services SA any payments credited to the vendor in error. Shared Services SA reserves the right to offset any amount paid in error against future payments.
DX: DX 705

REQUESTED BY: (Agency use only)

I have confirmed all details including EFT details are correct with the vendor, and supply supporting documentation to enable verification.

Name: Penny Pratt Phone Number: Clause 6

Signature: Clause 6 Date: 9/5/18

Position Title: Chief of Staff

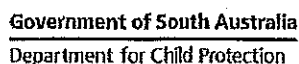
† Please submit with your full business signature block/logo via Email or sign this form then Fax or Post:
Email: APVendors@sharedservices.sa.gov.au
Fax: (08) 8124 9874 or Post: Shared Services SA Accounts Payable, GPO Box 11027, Adelaide SA 5001

Print

Save

Reset Form





TO BE USED BY ALL DECD STAFF TO SUBMIT TO HEAD OFFICE FOR THE APPROVAL OF REIMBURSEMENTS

Name	Penny Pratt	Employee ID No.	Clause 6
Position Title	Chief of Staff - Minister Sanderson	Location No.	
Unit/Branch	OCE	Work Group	Minister's Office
Phone			8303-2923
Email Address	penny.pratt@osc1.gov.au		
Postal Address	Clause 6		

Date			Description	Amount
2.7	0.9	1.8	Boxed Thank you cards	\$29.95
Total				\$29.95

Total	\$29.95
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I certify that the expenses for which payment is claimed above, were 100% incurred in the performance of my duties and the earning of my assessable income. All receipts attached meet GST and FBT 'otherwise deductible' requirements.

Claimant's Signature:

Case 6

Date:

8/5/18

ENDORSEMENT BY MANAGER/SUPERVISOR

Name:

Title:

Signature:

Date:

APPROVAL*

Name:

Chris Feyerh

Title:

Manager

Signature:

Case 6

Date:

8/5/18

***Claims are to be sent to the Authorising Corporate Business Unit for approval--**

3. CODING

Project Code	Object Code	Cost Centre	Cost Account (if applicable)	Amount (including GST)	GST Code*
*GST Codes: T10 Taxable Supplies; TFR Tax Free Supplies; TIN Input Taxed Supplies; T100 Tax Amount ONLY – See below for details					

GST Codes

T10	Taxable Supplies	GST of 10% is charged on these purchases. For more detail on the requirements for a GST compliant tax invoice and receipt refer to the ATO website https://www.ato.gov.au/business/gst/issuing-tax-invoices/
TFR	GST Free Supplies	No GST is charged on these purchases as they are specifically identified by legislation as GST free. No documentation is required for GST compliance.
TIN	Input Taxed Supplies	No GST is charged on these purchases as they are specifically identified by legislation as Input Taxed Supplies. No documentation is required for GST compliance.
T100	100% GST only	This amount is purely for GST and is normally used to adjust a previous invoice. The same rules that apply for GST compliant tax invoices or receipts are relevant.
TNA	Tax Not Applicable	These transactions are "outside the scope" of GST legislation (eg allowances, appropriations).

DAVID JONES

Adelaidecentralplaza
David Jones Limited
ABN:75 000 074 573

SALE TRANSACTION

* APN Boxed Thank V 9800-21793130 93527800000000
\$29.95

No. of Items 1

Total **\$29.95**

Visa \$29.95
4601840000000914

*For Reimbursement
Penny
Cards for Mrs. S.*

APPROVED 00
AUTH NO: 037967
POS REF 6101003822830001

Change **\$0.00**

Tax Invoice

* Total price includes GST \$2.72

Please retain as proof of purchase

For transaction terms and conditions
refer to the David Jones website
davidjones.com.au

Style straight to your inbox
SMS THE WORD STYLE TOGETHER WITH YOUR
EMAIL ADDRESS TO 0419 655 617.
To receive the latest David Jones news on offers,
sales, events & season trends
See davidjones.com.au/privacy and locality
for details of our Privacy Policy.

STORE POS SAN TRANS. DATE
5101 38 1104 302283 27/04/2018 13:14



VENDOR CREATION/AMENDMENT FORM WITH EFT DETAILS

SUPPORTING DOCUMENTATION MUST ACCOMPANY THIS FORM

VENDOR DETAILS

Department: Department for child protection

Create New Vendor ☐ Amend Vendor ☐

Vendor Code (if known):

Purchase Order related ☐
 Non-Purchase Order related ☐
 Non-Invoice Vendor ☐
 (i.e. Online Payment Request)

VENDOR TYPE

SA Government ☐ Other Australian Government ☐ Business ☐ Foreign Entity ☐ Individual ☒

Employee ☐ please provide SA Gov Employee ID:

PAYMENT DETAILS (Business/Individual)

Australian Business Number (A.B.N.):

Business Name:

First Name: ELIZABETH Surname: STANIFORD

Address/PO Box:

Suburb: State: SA Post Code:

Fax Number: Phone Number: 8803 2592 Mobile Number:

Email address for Remittance:

*Where a Vendor (business or individual) has supplied goods or services to the payer and is not required to quote an Australian Business Number (ABN), a Statement by a Supplier form is required. Withholding tax is applied if the Vendor does not supply a valid ABN or Statement by a Supplier form.

EFT BANK DETAILS

BSB Number: Account Number:

Financial Institution: Bank SA Name on Account: Ms E. Staniford

Payment will have been deemed to be made when Shared Services SA has instructed the appropriate banking authority to credit the above account. Shared Services SA will not be responsible for any delays in the payment or errors due to factors outside of its control including delays or errors in the banking systems or errors in the account details supplied. Vendor is required to repay Shared Services SA any payments credited to the vendor in error. Shared Services SA reserves the right to offset any amount paid in error against future payments.

REQUESTED BY: (Agency use only)

I confirm this vendor has been engaged to provide goods/services, please proceed with the vendor creation.

Name: Phone Number:

Signature: Date:

Position Title:

† Please submit with your full business signature block/logo via Email or sign this form then Fax or Post:
 Email: APVendors@sharedservices.sa.gov.au
 Fax: (08) 8124 9874

Print

Save

Reset Form



3RD BY NWQ
1 KING WILLIAM STREET
ABN 87558070010

Take Away ORDER

Till : ONE C1K : DIEN
Date : 08-Jan-2019 08:48:12 AM

PICCOLO	\$	3.80*
SMALL FLAT WHITE	\$	3.80*
SMALL LATTE	\$	11.40*
Quantity : 3 @ \$3.80 each		

Total for 5 Items	\$	19.00
GST	\$	1.73

EFTPOS TENDERED	\$	19.00
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* INDICATES GST ITEM
% INDICATES DISCOUNTED ITEM

TAX INVOICE

System Provider
www.retail-solutions.com.au

ANZ**REIPT****ANZ CUSTOMER COPY****CROZIER CORPORATION**15 GRAYLER AVE
WELLAND SA 96067

TERMINAL ID 08185259601

MASTERCARD <C> CR

5278

PUR AUD \$35.80

Bankwest Debit

AID A00000000041010

TUR 0000000000

APSN 01 P00007 ATC 049F

APPROVED AUTH 063813

STAN 053743

12/12/18 09:08

ail.com

.au

12/09:07:32

THANK YOU
FOR YOUR CUSTOM
PLEASE RETAIN FOR YOUR RECORD**Amount**

Small coffee x 7

\$28.00

Espresso, Piccolo, Mac

\$3.50

Espresso, Piccolo, Mac

\$3.50

- Alternative Milk

\$0.80

Subtotal:

\$35.80

Total ex tax:

\$35.80

- Tax Free

\$0.00

Total Inc Tax:

\$35.80

Method**Amount**

Cash

\$35.80

Prices shown in AUD

POS 1

2018-12-12 09:08:19

Sale ID: g0xrm1sj

FOI FACT SHEET

Your Rights to Review and Appeal

South Australian Freedom of Information Act 1991

Please read the information in this fact sheet before completing the attached application form

INTERNAL REVIEW

If you are unhappy with a determination made by an agency (includes South Australian State Government Agency, Local Government Council or University) under the *Freedom of Information Act 1991* (FOI Act) in relation to:

- a freedom of information (FOI) application for access to a document, or
- an FOI application for amendment to your personal records

in most cases, you are entitled to apply for an Internal Review of that determination.

Request an Internal Review

An Internal Review must be lodged within 30 calendar days of you receiving advice of a determination that you are unhappy with.

Applications must be made in writing in accordance with Section 29 or Section 38 of the FOI Act or using the attached *FOI Application Form for Internal Review of a Determination* (Internal Review Form).

An Internal Review application must be made to the Principal Officer of the agency that made the determination you are seeking to have reviewed.

How much does an Internal Review cost?

There is an application fee of **\$35.00** that must be paid when you lodge your Internal Review application if your review request is for access to documents.

There is no application fee for an Internal Review of an FOI application for amendment to your personal records.

Agencies generally accept payment by cash, money order or cheque. If you would like to pay by credit card you will need to ask the agency if they are able to accept credit card payments.

If, as a result of an Internal Review an agency changes or reverses a determination so that access to a document is, or will be, given, the agency will refund the Internal Review application fee paid by the applicant, where applicable.

What if I have a concession card or can't afford to pay?

If you are the holder of a current concession card or if you can satisfy the agency that the payment of the application fee would cause financial hardship, the agency must waive or remit (reduce or refund) it.

If you are a concession cardholder you will need to provide evidence e.g. attach a copy of your concession card when you make the application. Alternatively you will need to give written reasons as to why the payment of a fee would cause you financial hardship.

How long does an Internal Review take?

You will be advised of the outcome of your Internal Review application within 14 calendar days of it being received by the agency.

If the agency does not deal with your Internal Review application within 14 calendar days (or you remain unhappy with the outcome of the Internal Review) you are entitled to an External Review

by the Ombudsman SA. Alternatively you may apply for a review by the South Australian Civil and Administrative Tribunal (SACAT). See the External Review section below.

When can't I apply for an Internal Review?

If the original application determination was made by the Principal Officer of an agency rather than another accredited FOI Officer within the agency, you cannot apply for an Internal Review. However, you can apply for an External Review by the Ombudsman SA or apply for a review by SACAT.

EXTERNAL REVIEW

After an Internal Review has been completed, or where you are unable to apply for an Internal Review, and you are unhappy with the determination, you have the right to apply for an External Review. All applications for External Review should be made to the Ombudsman SA.

How long will an External Review take and how much will it cost?

If you wish to make an application for an External Review you must do so within 30 calendar days after being notified of the determination. However, the Ombudsman SA can extend this time limit at their discretion. There is no fee or charge for External Reviews undertaken by the Ombudsman.

Contact Details:

Ombudsman SA

Phone: 8226 8699

Toll Free: 1800 182 150 (within SA)

Email: ombudsman@ombudsman.sa.gov.au

REVIEW BY SACAT

You have a right to apply for a review by SACAT if you are unhappy with:

- a determination not subject to Internal Review
- an Internal Review determination, or
- the outcome of a review by the Ombudsman SA.

You must exercise your right of review with SACAT within 30 calendar days after being advised of the above types of determinations or the results of a review.

Any costs will be determined by SACAT, where applicable.

For more information contact SACAT.

Contact Details:

South Australian Civil and Administrative Tribunal (SACAT)

Phone: 1800 723 767

Email: sacat@sacat.sa.gov.au

FOI APPLICATION FORM

For Internal Review of a Determination

Under sections 29 & 38 of the South Australian *Freedom of Information Act 1991*

Please read the attached '*FOI Fact Sheet – Your Rights to Review and Appeal*'
before completing and lodging your Internal Review application

To the Principal Officer

Name of the Agency:

Details of Applicant

Surname:

Given Names:

Australian Postal Address:

Suburb:

Post Code:

Emails (*Optional*):

Contact phone numbers:

FOI Application Reference Number (*if known*):

Details of Internal Review

I am not satisfied with a determination made by your agency and, therefore, seek a review because:

(*Please place a tick in the appropriate box*)

- ☐ I have been refused access to a document
- ☐ I have been refused access to part of a document
- ☐ I have been refused a request to amend a personal document
- ☐ I have been given access to a document but access has been deferred
- ☐ I am a third party specified in the documents but have not been consulted about giving access to another person
- ☐ I have been consulted but disagree with the determination to release the documents

Comments

Include any additional comments you wish to be considered in the review of the determination (*attach additional pages if necessary*).

Fees and Charges

An application fee of **\$35.00** must be submitted with the Internal Review application form, unless you are seeking to have the application fee waived. If you are seeking to have the application fee waived, please attach evidence supporting why it should be waived, e.g. attach a copy of your concession card or other evidence as proof of financial hardship.

An application fee is not required for an Internal Review of an FOI Amendment Application.

In the following section please tick as appropriate

- | | | | |
|---|---------------------------------|-------------------------------|--------------------------------------|
| Is the application fee attached? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Application Fee is in the form of
(Do not send cash through the mail) | <input type="checkbox"/> Cheque | <input type="checkbox"/> Cash | <input type="checkbox"/> Money Order |
| Do you require a fee waiver? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Is evidence of the need to
waive fees attached?
(e.g. a copy of your concession card) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

If you wish to pay your application fee via credit card you will need to ask the agency you are applying to if they accept credit card payments.

If no application fee is attached and you do not qualify for fee waiver, the agency cannot process your application until the fee has been paid.

If the agency varies or reverses a determination so that access to a document is, or will be, given the agency will refund any Internal Review fees paid by the applicant.

Applicant's Signature:

Date / / 20.....

OFFICE USE ONLY

Received on / / 20.....

Acknowledgment sent on / / 20.....