



## IBC Contact Information

Please provide contact details for the IBC, the IBC Chairperson, and the Primary Contact for the IBC (The persons who will receive OGTR correspondence relating to the IBC).

Personal information is collected by the OGTR to enable the Gene Technology Regulator to perform the functions set out the *Gene Technology Act 2000* (the Act). Personal information specified in this form is collected for the purpose of assessing applications under the Act, and is handled in accordance with the Australian Privacy Principles set out in the *Privacy Act 1988*. More information can be accessed at the Department of Health's [APP privacy policy web page](#). The Department's APP privacy policy explains detail how the Department collects, stores, uses and discloses personal information, including how a person may seek access to, or correct their personal information, and how a complaint about a breach of the APPs can be made.

**Name of IBC:**

If individual contact details have been previously provided to the OGTR, you need only complete the surname and first name (and any other information necessary to clearly identify the person).

### Chair of IBC

Personal title: (eg Ms/Mr/Dr)	<input type="text"/>	Surname:	<input type="text"/>		
First name:	<input type="text"/>	Preferred first name:	<input type="text"/>		
Phone number:	<input type="text"/>	Mobile:	<input type="text"/>	Fax:	<input type="text"/>
E-mail Address:	<input type="text"/>				
Position title:	<input type="text"/>				
Organisation (for postal delivery):	<input type="text"/>				
Postal address:	<input type="text"/>				
Postal Locality: (City/Suburb/Location)	<input type="text"/>			State:	<input type="text"/>
Postcode:	<input type="text"/>	Country:	<input type="text"/>		

**Primary Contact for the IBC (if different to Chair)**

(The person who will receive all OGTR correspondence relating to the IBC)

Personal title: (eg Ms/Mr/Dr)	<input type="text"/>	Surname:	<input type="text"/>		
First name:	<input type="text"/>	Preferred first name:	<input type="text"/>		
Phone number:	<input type="text"/>	Mobile:	<input type="text"/>	Fax:	<input type="text"/>
E-mail Address:	<input type="text"/>				
Position title:	<input type="text"/>				
Organisation (for postal delivery):	<input type="text"/>				
Postal address:	<input type="text"/>				
Postal Locality: (City/Suburb/Location)	<input type="text"/>	State:	<input type="text"/>		
Postcode:	<input type="text"/>	Country:	<input type="text"/>		