Victim Services supports people who have been injured by a violent crime with counselling and financial help.

If you, or someone you are supporting, is a victim of a violent crime and would like to make an application, please read the Victims Support Scheme – Detailed Guide to find out about the different types of support available.

It is important you carefully fill in this form and send us the documents we need. Unfortunately, if something is missing, we may not be able to make a decision about your claim and it could take more time.

The information you share helps us to make sure that people who have experienced violence get the help that they need.

Violence can affect people in lots of different ways and we know it may be difficult to fill in this application. We are here to help.

If you need help or have any questions - ask a support worker, friend or family member. Or please call our free Victims Access Line (VAL) on 1800 633 063 or the Aboriginal Contact Line (ACL) on 1800 019 123 where we have people who can help you. You can find more information on our website www.victimsservices.justice.nsw.gov.au.

Who should use this form?
- Primary victims applying for counselling only
- Secondary victims applying for counselling

What will you need to fill in your application?
- ID – A current government issued identification (ID) such as a driver’s license, passport, Medicare card, or a card issued by Centrelink

Important information about your application
Please make sure you answer all the questions in the application form and include a copy of a current government issued ID when you submit this application. If this is not provided, we may not accept your application.

Confidentiality and privacy
In general the material in our possession is not released to other people. We may be required to produce documents to a court where there is other legal action.

Further information and our online application can be found at www.victimsservices.justice.nsw.gov.au.

Victims Services is required to comply with the Privacy and Personal Information Protection Act 1998 (NSW) and the Health Records and Information Privacy Act 2002 (NSW).
Part 1: Personal details

1. Full name
   Title (Mr, Mrs, Miss, Ms) ____________________________ Surname/Family ____________________________
   First name ____________________________ Middle name(s) ____________________________

2. Any other names used by the victim
   Surname/Family ____________________________ First name ____________________________

3. Gender ____________________________

4. Date of birth (dd/mm/yyyy) ____________________________

5. Address
   Address ____________________________ Postcode ____________________________
   Country (if applicable) ____________________________ Postal address (if different) ____________________________

6. Contacts
   Phone/mobile ____________________________ Email ____________________________

   Note: Please provide at least ONE contact method. If required, we will contact you between 9am & 5pm, Monday to Friday.

7. Are you of Aboriginal or Torres Strait Islander origin? (Optional – for statistical purposes only) ____________________________

Part 2: Details of the person applying on behalf of the victim

(Anyone who has in interest in the welfare of the victim may apply on their behalf. E.g. parents or guardians)

8. Relationship to victim ____________________________

   Note: Parents/guardians and representatives will be contacted about the application. Friends/family members who are just helping fill out this form will not be contacted about the application.

9. Full name
   Title (Mr, Mrs, Miss, Ms) ____________________________ Surname/Family ____________________________
   First name ____________________________ Middle name(s) ____________________________

10. Name of organisation (if applicable) ____________________________

11. Address
   Address ____________________________ Postcode ____________________________
   Postal (if different) ____________________________

12. Contacts
   Phone/mobile ____________________________ Email ____________________________

   Note: Please provide at least one way to contact you. If required, we will contact you between 9am & 5pm, Monday to Friday.

13. Reason for applying on behalf of the victim ____________________________

   Other, please specify ____________________________

Part 3: Details of the act of violence

14. When did the violent crime happen?
   (a) ____________________________ (dd/mm/yyyy)
   or, (b) over a period of time ____________________________ to ____________________________ (dd/mm/yyyy)

15. Where did it happen? (If you do not know, please list the suburb or town)
   Address ____________________________ Suburb/town ____________________________ Postcode ____________________________

16. What was the type of violence? Please explain what happened when you were injured.
   For example: ‘I was walking home from the train station and a man held a knife at me and stole my bag’ OR ‘I was sexually assaulted between 2002 and 2005’. Even if the details are in the police report, they also need to be provided in this section.

17. Do you know the name of the offender? (If there was more than one person, please list their name on another piece of paper)
   Yes [ ] > Continue  No [ ]

   Surname/Family ____________________________ First name ____________________________
Part 4: Identifying Documentation (copy of government issued identification)

Note: Please attach a copy of your identifying documentation

☐ Driver’s licence
☐ Passport
☐ Identification card
☐ Other (please specify)

Part 5: Applicant’s declaration

The information you provide on your application form is very important to support your claim. You can write to us to change the information that you provided at any time before an application is finalised.

The applicant (victim) must declare the following to complete the application, unless they are under 18 years of age or otherwise lack the legal capacity to make the declaration.

If the applicant is under 18 years of age, or lacks the capacity to complete the application, then a parent/guardian may agree to be bound by the declaration on the applicant’s behalf.

I state the following:

A. The truth of information supplied

A1. I declare that the information provided in this application is true and correct.

A2. I understand that giving false or misleading information is a serious offence and may adversely affect the outcome of my victims support application and/or lead to criminal or civil legal action against me.

A3. I consent to Victims Services making relevant enquiries to verify the information provided, including to State and Federal government agencies and authorities.

B. Keeping Victims Services up to date

B1. I understand that it is my responsibility to keep Victims Services updated of a change in my personal details provided in this form, including but not limited to my name, contact details, and bank account information.

B2. I understand that I am required to notify Victims Services if any of my circumstances change after completing this form, and that my changed circumstances may affect my eligibility for the support claimed.

(Signature)  
Full name (please print)  
Date (dd/mm/yyyy)

Further information and help completing the application

Contact Victims Services (9am to 5pm, Monday to Friday (exc. public holidays):

• Phone: 1800 633 063  • Aboriginal Contact Line: 1800 019 123
• Email: vs@justice.nsw.gov.au  • Website: www.victimsservices.justice.nsw.gov.au

Electronically: Fill out the form, save it and press the submit button above to email the form to Victims Services. Or, post it to The Commissioner of Victims Rights, Victims Services Locked Bag 5118, PARRAMATTA NSW 2124