

Application for support for primary victims

Victims Support Scheme

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 Services Detailed Guide* to find out about the different types of support available.

It is important you carefully fill in this form, attach documents to support what you are telling us, and use the check-list at the end to make sure you have given us all the details 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, financial assistance for immediate needs, financial assistance for economic loss, and/or a recognition payment
- Parents, step-parents or guardians of a primary victim applying for financial assistance for immediate needs, and/or financial assistance for economic loss

What will you need to fill in your application?

- An email address
- ID – A current government issued identification such as a driver's license, passport, Medicare card, or a card issued by Centrelink
- A bank account (if you are applying for financial assistance)

- Information from a government or non-government organisation that you reported the crime to
- Medical, dental or counselling reports if you have been injured physically or emotionally by the violent crime
- Tax invoices, receipts or treatment plans for any financial assistance that you want to add to your claim
- Any documents about worker's compensation, insurance or court claims that are about the violence.

Important information about your application

Please make sure you include a copy of a current government issued ID when you submit your application. If this is not provided, we may not accept your application.

If you are applying for financial assistance for economic loss and/or a recognition payment, make sure you send us medical, dental or counselling reports that show how the violent crime has affected you. We cannot assess your claim until your reports are received. If you do not give us your reports within 12 months of lodging your application, your claim will be closed.

Confidentiality and privacy

In general, the material in our possession is not released to other people. In some cases, for example, when action is taken against the offender to recover the money awarded to the victim, some information may need to be provided to the offender. However, your personal contact details will not be released. We may also be required to produce documents to a court where there is other legal action

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).

For more information about making a complaint, please contact **Victims Services** on **1800 633 063**.

PART 1: Application type

1. What are you applying for?

Counselling *(if applying for counselling only, use the Application for counselling form)*

Financial assistance for immediate needs and/or financial assistance for economic loss

Recognition payment

2. Have you made a claim with Victims Services before?

Yes  Continue

No  Go to Part 2

Please provide details of previous claims. Include claim number and name used (if name is different)

PART 2: Details of the victim

3. Full name Title *(please select)* Surname/Family
First/Given Middle

4. Any other names used by the victim
Surname/Family First/Given

5. Gender *(please select)*

6. Date of birth *(dd/mm/yyyy)*

7. Address
Country Postcode
Postal address *(if different)* Postcode

8. Contacts Phone Mobile
Email

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

9. Are you of Aboriginal or Torres Strait Islander origin? *(Optional – for statistical and planning purposes)*
(please select)

PART 3: Details of person applying on behalf of victim (if applicable)

Note: Parents/guardians or other persons who have an interest in the welfare of a person may apply on behalf of the victim.

10. Full name	Title <i>(please select)</i>	Surname/Family
	First/Given	Middle
11. Date of birth	<i>(dd/mm/yyyy)</i>	
12. Address		Postcode
	Postal address <i>(if different)</i>	Postcode
13. Details of person/organisation representing or assisting the victim with their application.		
Parent/guardian <i>(we will contact this person about your application)</i>		
Representative <i>(we will contact this person about your application)</i>		
Friend/family member who is just helping you fill out this form <i>(we will not contact this person about your application)</i>		
Other ▶ <i>Please specify</i>		
Name of officer/representative		
Name of organisation <i>(if applicable)</i>		
Address of representative/organisation		Postcode
Comments		
14. Contacts	Phone	Mobile
	Email	

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

15. Reason for applying on behalf of the victim

Age	Disability	Overseas
Parental responsibility – DCJ (previously FACS)		Pilot
Other	▶ <i>Please specify</i>	

PART 4: Details of the act of violence

Note: This section asks for information about where you were when the violent crime happened.

Try to give as much detail as possible, including the street name, suburb or landmarks around you – at a minimum, provide the suburb as this will help us process your application.

Question 19 gives you more space to provide details if you were injured by the violent crime in more than one place

16. When did the act of violence occur?

(a)	Date	<i>(dd/mm/yyyy)</i>
or, (b) over a period of time	From	to <i>(dd/mm/yyyy)</i>

17. Where did the act of violence happen? *(For example, home, footpath, road, park, bank, hotel, public transport, car park)*

18. Where in NSW did the act(s) of violence happen? *(If full address is not known, please provide suburb/town)*

Name/type of business *(if applicable)*

Address

Suburb/town *(must be provided)*

Postcode

19. What was the nature of the act of violence? *(Please choose the closest match)*

Assault Sexual assault Robbery Home invasion Domestic/family violence
Other ▶ *Please specify*

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.

20. In which way were you injured?

Physical Psychological/emotional

Note: If you apply for financial assistance for economic loss or a recognition payment, you will need to include medical, dental or counselling reports that show you have been injured by the violent crime.

PART 5: Applying for counselling

21. Would you like to apply for counselling?

Yes ▶ Continue

No ▶ Go to Part 6

PART 6: Reporting the act of violence

22. Was the violent crime reported?

Yes ▶ Continue

No ▶ Go to Part 7

Note: For financial assistance for economic loss and recognition payments, you need to provide information about who the crime was reported to. If the crime was reported to the police, you do not need to send us the police report. If the crime was reported to a government or government-funded organisation, please send us a report from that organisation.

23. 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

Title *(please select)*

Surname/Family

First/Given

Middle

Note: If the offender is found guilty of the crime, they will be required to payback Victims Services any money paid to you.

24. When was the incident reported?

(dd/mm/yyyy)

25. Who was the incident reported to?

Name of authority/organisation/police officer

Location of authority/organisation/police station

COPS Event No. E

(the police reference number for your matter)

26. Did the matter go to court?

Yes ▶ Continue

No ▶ Go to Part 7

27. Please provide details of court proceedings *(For example, name and location of court; date; result)*

PART 7: Financial assistance for immediate needs and/or financial assistance for economic loss

Note: There are different time limits when you apply for financial help:

- Claims for financial help need to be made within 2 years of when the violent crime happened
- If the victim was a child at the time they were injured, the claim must be made within 2 years after they turn 18
- If you were sexually assaulted as a child, there is no time limit on claims for court or coronial proceeding costs and out-of-pocket expenses

To help us confirm the costs you have paid for, you will need to provide copies of invoices, receipts or treatment plans that show how these costs relate directly to the violent crime.

If you received a rebate from Medicare, health fund or other organisation for the costs you are claiming, Victims Services will reimburse the amount not covered by the rebate.

If you have not claimed a rebate for an expense that is covered by Medicare, an estimated 75% will be deducted from the amount you are claiming from Victims Services

28. What type of costs do you want to claim? (Tick and enter the cost 'type' in the table below')

Refuge accommodation	Dental	Physiotherapy/Chiropractor
Removalist/storage	Ambulance	Medication
Rental assistance	Hospital fees	Travel to court
Security	Surgery fees	Personal belongings stolen
Essential household items	Anaesthetist	Domestic assistance
Other (please specify)		

Type of cost	Who did you pay?	Date of invoice	Cost	Medicare/ private health rebate?	Paid/ not paid?
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29. Please explain how these costs relate directly to the violence.

30. Are you claiming loss of actual earnings? Yes [▶ Continue](#) No [▶ Go to Q.31](#)

Note: If you are claiming loss of actual earnings, please provide a letter from your employer which includes:

- The name of the employer
- How much you were paid
- The dates you could not work (supported by medical certificates)
- Your leave entitlements
- Employment type (part-time, full time, casual, contract)
- Whether you have been paid or are entitled to money from another source (for example, income protection, workers compensation; Centrelink benefits)

You may ask your employer to complete the *Certificate of Earnings* form on the Victims Services [website](#). If you were self-employed, please provide tax and bank statements that show your income.

PART 8: Cost of obtaining copies of existing medical records

31. If you have paid to get copies of existing medical records, we can help cover these costs if your application is successful. Please list the type of record, who gave it you and how much it cost.

Record type

Provider

Date of invoice

Amount

Note: You will need to provide tax invoices or receipts to support your claim.

PART 9: Money received from other sources

Note: Please tell us if you have received money because you have been injured by the violent crime.

You may have received money from:

- the person who hurt you
- the owners of the place you were hurt (for example a hotel or club)
- compensation from a school or religious organisation
- worker's compensation (please note - we cannot review your application until your worker's compensation claim is finalised)

32. Have you received any money, or do you plan to make a claim using any of the following options?

Workers compensation? Yes ► *Provide details* No ► *Continue*

Civil or other court claim? Yes ► *Provide details* No ► *Continue*

Insurance payment or any other source (including from an individual or organisation)? Yes ► *Provide details* No ► *Continue*

PART 10: Bank details

Name of financial institution *(please print)*

Name of branch *(please print)*

BSB – *(must be 6 digits)*

Account No. *(up to 10 digits)*

Account holder's name/s *(please print)*

PART 11: Identifying Documentation (copy of government issued identification)

Note: Attach a copy of your identifying documentation

Driver's licence

Passport

Identification card

Other ► *(please specify)*

PART 12: Submitting the application

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 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.
- B2. 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.

C. Accepting payments of Victims Support

- C1. I understand that if victims support is approved, Victims Services may take action (restitution) to recover money from a person convicted of a crime for which the support relates.
- C2. I understand that if victims support is approved I am subject to the conditions set out at section 48 of the Act, and am required to notify Victims Services if I receive, or have received a payment from another source, in connection with the act of violence. I may be required to repay victims support if this occurs.
- C3. If victims support is approved, payment will be deposited to the bank account detailed in this form, unless an updated account has been supplied and confirmed as received by Victims Services

I make the declaration above

Signature

Full name (*please print*)

Date (*dd/mm/yyyy*)

Further information and where to send your completed application

For further information and help completing the application, please contact Victims Services.

Victims Access Line 1800 633 063
Aboriginal Contact Line 1800 019 123
Hours 9am to 5pm, Monday to Friday (exc public holidays)
Email vs@justice.nsw.gov.au
Website www.victimsservices.justice.nsw.gov.au

You can send your completed form by:

Email vs@justice.nsw.gov.au
Post The Commissioner of Victims Rights, Victims Services, Locked Bag 5118, Parramatta NSW 2124

Primary victims documents

Checklist

For all applications:

I have attached a copy of my current government issued identification (for example, driver's license, passport, Medicare card or a card issued by Centrelink)

I have attached the completed form *Authorising a person to enquire on your behalf* (only required if you are using a representative)

If you are applying for Immediate Needs

I have attached a completed government or government-funded organisation report, or medical report, as I did not make a report to police

I have included copies of tax invoices, receipts or treatment plans and explained how these costs relate directly to the violent crime

I have provided my bank account details and understand that victims support payments will be paid into this account, if approved

If you are applying for Economic Loss

I have attached a completed government or government-funded organisation report as I did not make a report to police

I have attached medical, dental or counselling reports that show how the violent crime has affected me

I have included copies of tax invoices, receipts or treatment plans and explained how these costs relate directly to the violent crime

I have included a statement regarding my earnings and medical certificates to support any absence from work (only required if you are claiming loss of earnings)

I have provided my bank account details and understand that victims support payments will be paid into this account, if approved

If you are applying for a Recognition Payment

I have attached a completed government or government-funded organisation report as I did not make a report to police

I have attached medical, dental or counselling reports that show how the violent crime has affected me

I have provided my bank account details and understand that victims support payments will be paid into this account, if approved