



Office Use Only

Application Number: _____

Please complete the relevant sections of this application for financial assistance.

Please use the Guide to Completing a Financial Assistance Application (the guide) to help you complete your application. The guide takes you through the application step by step, explaining why you are being asked for particular information.

Contact Victim Assist Queensland

Call Victims LinkUp 1300 546 587 (Mon-Fri 8.30am to 5pm not including public holidays):

- for any questions you have about an application for financial assistance
- to make an appointment with an officer in one of our offices
- to be put in contact with a support service such as counselling for you or your family.

Or go to our website at www.justice.qld.gov.au or email victimslinkup@justice.qld.gov.au for more information and to access the guide and a blank Medical Certificate (Form 3).

Application check list.

Please make sure you have completed the items on this list before you send the application to Victim Assist Queensland. These sections **must** have been completed before your application can be processed.

- Section 1** - I have completed Section 1 with current contact details (and Section 2 if I am acting on behalf of the applicant).
- Section 13** - I have signed the consent at Section 13.
- Section 14** - My signature has been witnessed on the Statutory Declaration in Section 14.
- Completed Medical Certificate** - I have attached a Victim Assist Queensland Medical Certificate (Form 3) which has been completed and signed by a registered health practitioner (e.g. a doctor or dentist).

Please make sure you have also completed the items below if you filled in Section 6 and/or Section 9 of the application:

- Section 6** - I have attached all claim forms, benefits, rebates or letters as proof of relevant payments applied for and/or received from other sources (copies are accepted).
- Section 9** - I have attached all receipts, invoices or other proof of urgent or emergency expenses that I wish to claim as interim assistance (copies are accepted).

Send the completed application form and all attachments to Victim Assist Queensland by:

Mail: Victim Assist Queensland, GPO Box 149, Brisbane QLD 4001

Fax: (07) 3109 1901

Email: (signed and scanned) to victimslinkup@justice.qld.gov.au

Privacy Notice: The Department of Justice and Attorney-General is collecting your personal information in order to assess your application for financial assistance in accordance with sections 51 and 52 of the *Victims of Crime Assistance Act 2009*. It is the department's usual practice to disclose this information to your health practitioner and/or service provider, the insurance commissioner under the *Motor Accident Insurance Act 1994*, the police commissioner and the Worker's Compensation chief executive in order to obtain information relevant to making a decision on your application. The department may also disclose the information to the Queensland Civil and Administrative Tribunal (QCAT) for the purpose of hearing an appeal should you appeal the Government Assessor's decision.

Go to Section 1 over the page to start your application.

SECTION 1 - Details of the Person Wanting Assistance (Victim)

You must complete this section if you are the person wanting assistance (victim). If you are acting on behalf of the victim you must provide the victim's details here.

Title (e.g. Mr, Mrs, Ms, Miss)	Given name/s	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have used any other name/s please provide the name/s here (e.g maiden name or change of name for privacy reasons)

Sex	Date of birth
Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Residential address

Postcode

Postal address (if different from residential address)

Postcode

Telephone number	Mobile/alternative number	Email
(<input type="text"/>) <input type="text"/>	<input type="text"/>	<input type="text"/>

What is the best way to contact you (discretion will be used when calling)?

- Telephone
- Mobile/alternative
- Email
- Post

Are you of Aboriginal or Torres Strait Islander background (optional)?

- No
- Aboriginal
- Torres Strait Islander
- Aboriginal and Torres Strait Islander

Do you want Victim Assist Queensland to assist you in any of the following ways?

Interpreter service <input type="checkbox"/>	▶ Please specify language
	<input type="text"/>
Writing/reading help <input type="checkbox"/>	
Auslan or signed English <input type="checkbox"/>	
Other <input type="checkbox"/>	▶ Please specify
	<input type="text"/>

If you are acting on behalf of the person wanting assistance (victim) go to Section 2.
Otherwise, go to Section 3.

SECTION 2 - Details of Person Acting on Behalf of Another Person

You must complete this section with your details if you are acting on behalf of the person wanting assistance (victim). The guide gives information on who can act on behalf of someone else.

Note: If you are only assisting a person to complete their application your details are not required here (e.g. a family member or support service worker assisting with comprehension or writing difficulties).

Title (e.g. Mr, Mrs, Ms, Miss) **Given name/s** **Family name**

--	--	--

Residential address

	Postcode
--	----------

Postal address (if different from residential address)

	Postcode
--	----------

Telephone number **Mobile/alternative number** **Email**

()		
-----	--	--

What is the best way to contact you (discretion will be used when calling)?

Telephone Email Mobile/alternative Post

Please explain the reason for acting on behalf of the person wanting assistance (e.g. they are a child or an adult with an impaired capacity or other reason you must act on their behalf):

--

If you have been formally appointed to act on behalf of the person wanting assistance please describe who you were appointed by (e.g. the victim under an Enduring Power of Attorney or the former Guardianship and Administration Tribunal, Queensland Civil and Administrative Tribunal, Federal Court, Supreme Court):

--

Date of appointment **Appointment end date**

/ /	/ /
-----	-----

Note: If you are acting on behalf of the person wanting assistance (victim) and you have put your details in to this section, it must be your name and signature in Section 13 (Consent) and Section 14 (Statutory Declaration).

Go to Section 3.

SECTION 3 - Identifying the Victim Category

You must complete this section to show what victim category you belong to. You can only apply under one category. The guide will help you to decide your victim category.

Please tick one of the boxes below to select the victim category under which you are applying.

- A primary victim** of an act of violence. I am the person who was injured as a direct result of an act of violence.
- A witness secondary victim** of an act of violence. I am the person injured as a direct result of witnessing an act of violence against another person. Select one of the following:
 - witness to a **more** serious act of violence (murder or manslaughter) or;
 - witness to a **less** serious act of violence (any other act of violence)
- A parent secondary victim** of an act of violence. I am a parent injured as a direct result of becoming aware of an act of violence against my child who was under 18 years old.
- A related victim** of an act of violence. I am a close family member, or a dependent, of a primary victim who has died as a direct result of an act of violence.

If you are a related victim, please describe your relationship to the person who died (e.g. you must be their parent, sibling, child, spouse or a person regarded that way under Aboriginal tradition or Island custom):

--

Go to Section 4.

SECTION 4 - Details of the Act of Violence

You must complete this section with as much detail as you know to help confirm the details of the act of violence. The act of violence must have occurred in Queensland.

Date the act of violence occurred

or

Period of time over which the act of violence occurred

 to

If the act of violence was more than 3 years ago, please explain the reason for the delay in applying for assistance (e.g. age, impaired capacity, threatened by the person who committed the act of violence).

If the act of violence was more than 3 years ago do you want to apply for an extension of time so that you can apply for financial assistance?

Yes No

Where did the act of violence take place (Street address, suburb, town, post code if known)?

Postcode

Please briefly describe what happened to assist in confirming the act of violence.

If you are a related, parent secondary or witness secondary victim please complete details of the primary victim, if known (the person who died or was injured by the act of violence)

Name of primary victim

Family name

Date of birth

Place of birth of primary victim

Postcode

Date of death of primary victim (if applicable)

If you know the name/s of the alleged offender or offenders please provide details here:

Name of offender/s	Sex (M/F)	Relationship to the offender/s? (e.g. none, family member, friend)

Were you charged with any offence in relation to the act of violence?

No Yes What was the charge?

Did your actions contribute to the act of violence?

No Yes If Yes, please explain below.

Go to Section 5.

SECTION 5 - Details of Reporting of the Act of Violence

You must complete this section with details of when and who the act of violence was reported to. The guide gives more information on reporting requirements.

PART A - Reporting to the Police

Was the act of violence reported to the police?

No Don't know Yes, by me

Yes, by another person **Name of the other person (if known)** **Contact number (if known)**

Title and name of police officer reported to (if known)

Police station

Police reference number (if known)

Date reported

/ /

Telephone number (business hours)

()

Email address (if known)

PART B - Why the act of violence was not reported to police

You must complete Part B if you ticked No in Part A.

Please explain why the act of violence has not been reported to police

Did you report the act of violence to a doctor, counsellor or psychologist?

No Yes If Yes, please give details of the person it was reported to below (if known)

Title and name of the person you reported to

Organisation

Town/suburb

Telephone number (business hours)

()

Email address (if known)

Go to Section 6.

SECTION 6 - Details of Other Sources of Payment

You must complete each part of this section to show what payments you have applied for, or may be eligible to apply for from other sources in relation to this act of violence. The guide will help you decide what relevant payments you may be eligible for from other sources.

Note: You must attach any supporting documentation such as claim forms, proof of benefits, rebates or letters as proof of relevant payments applied for and/or received from other sources (copies are accepted). Your application cannot be decided until Victim Assist Queensland has this information.

PART A - Work related acts of violence

Was the act of violence work related?

No Yes

If yes, have you made an application for workers' compensation?

No Yes Date of application Workers compensation reference number

If you applied for workers' compensation has the application been decided yet?

No Yes, I received compensation Yes, it was refused

PART B - Previous applications for criminal injury compensation or financial assistance

In relation to this act of violence have you made a previous application under the *Criminal Offence Victims Act 1995 (COVA)* or to Victim Assist Queensland?

No Yes (COVA) Yes (Victim Assist Queensland)

If you applied under COVA has the application been decided?

No Yes, I received compensation Yes, it was refused

PART C - Other relevant payments

Have you received money from any other source relating to this act of violence (see table below)?

No Yes

Are you eligible to apply for any other payments in relation to this act of violence?

No Yes

If yes to any of Part C, please provide details in the table below. You must show where you have applied for, or are eligible for a payment from another source.

Other source of payment applied for or eligible to apply for	Reference/Claim Number	Payment received or expected to receive (in \$)
<input type="checkbox"/> Compulsory third party insurance (motor)		
<input type="checkbox"/> Civil court claim		
<input type="checkbox"/> Centrelink		
<input type="checkbox"/> Mediation or Conferencing		
<input type="checkbox"/> Medicare		
<input type="checkbox"/> Health Insurance		
<input type="checkbox"/> Life Insurance		
<input type="checkbox"/> Income Protection Insurance		
<input type="checkbox"/> Patient Travel Subsidy Scheme		
<input type="checkbox"/> Victim trust fund (genocide and war crime)		
<input type="checkbox"/> Other (please name)		

Go to Section 7.

SECTION 7 - Details of Financial Assistance from Victim Assist Queensland

You must complete this section to show what expenses you have paid or are likely to have to pay as a result of the act of violence. The guide will give you information and will help you decide what expenses you may want to claim as financial assistance from Victim Assist Queensland.

Note: Before you can receive financial assistance for expenses incurred you will need to provide supporting documents such as receipts, statements, invoices, accounts or other proof of loss or expense, including loss of earnings. If you already possess any of the relevant supporting documents please attach a copy to this application.

Under the victim category you selected in Section 3, select from the box or boxes below to show the expenses you want to claim as financial assistance. You can only apply under one victim category.

Primary Victim

- | | |
|---|---|
| <input type="checkbox"/> Medical Expenses | <input type="checkbox"/> Loss of Earnings |
| <input type="checkbox"/> Report Expenses | <input type="checkbox"/> Special Assistance (recognition payment) |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Legal Assistance with application up to \$500 |
| <input type="checkbox"/> Incidental Travel | <input type="checkbox"/> Other expenses exceptional circumstances (go to Section 8) |
| <input type="checkbox"/> Damage to Clothing | |

Related Victim

- | | |
|--|--|
| <input type="checkbox"/> Medical Expenses | <input type="checkbox"/> Legal Assistance with application up to \$500 |
| <input type="checkbox"/> Report Expenses | <input type="checkbox"/> Amount up to \$20,000 the related victim would have received from the primary victim if the primary victim had not died |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Other expenses exceptional circumstances (go to Section 8) |
| <input type="checkbox"/> Incidental Travel | |
| <input type="checkbox"/> Distress Payment | |

Parent Secondary Victim

- | | |
|--|---|
| <input type="checkbox"/> Medical Expenses | <input type="checkbox"/> Loss of Earnings |
| <input type="checkbox"/> Report Expenses | <input type="checkbox"/> Legal Assistance with application up to \$500 |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Other expenses exceptional circumstances (go to Section 8) |
| <input type="checkbox"/> Incidental Travel | |

Witness Secondary Victim more serious act of violence

- | | |
|--|---|
| <input type="checkbox"/> Medical Expenses | <input type="checkbox"/> Loss of Earnings |
| <input type="checkbox"/> Report Expenses | <input type="checkbox"/> Legal Assistance with application up to \$500 |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Other expenses exceptional circumstances (go to Section 8) |
| <input type="checkbox"/> Incidental Travel | |

Witness Secondary Victim less serious act of violence

- | | |
|---|--|
| <input type="checkbox"/> Medical Expenses | <input type="checkbox"/> Counselling |
| <input type="checkbox"/> Report Expenses | <input type="checkbox"/> Incidental Travel |

Go to Section 8 if you ticked a box marked 'Other expenses exceptional circumstances'.

Otherwise, go to Section 9.

SECTION 8 - Other Expenses Exceptional Circumstances

You must complete this section if you ticked the 'Other expenses exceptional circumstances,' box in Section 7.

In this section it is possible to claim for some other expenses that you have paid or will have to pay as a direct result of the act of violence. The guide will help you decide if an expense you have paid or will have to pay may be claimed as an exceptional circumstance expense.

Note: To claim for an exceptional circumstance expense it must be clear that because of your circumstances or the nature of the act of violence, the act has had an unusual, special or out of the ordinary effect on you.

An exceptional circumstance expense must also relate to your recovery from the act of violence. You cannot claim for pre-existing debts, unpaid rent or mortgage, household bills, loan repayments or other general living expenses such as food. You will need to provide supporting documentation as proof of each exceptional circumstance expense incurred.

Please briefly explain what exceptional circumstance expense/s you want to claim to assist your recovery using the table below.

Brief description of the expense (e.g. reasonable relocation costs because of act of violence, upgrade of security on home after violent robbery or modification of home for wheelchair access after injury from act of violence)	Other details you can provide about the expense (e.g. date paid, provider's name, amount paid)

Go to Section 9.

SECTION 9 - Interim Assistance

You must complete this section if you want to claim for urgent or emergency expenses you have paid or are likely to have to pay as a direct result of this act of violence before your general application is decided.

Note: Interim assistance can only be paid to eligible victims where there is supporting documentation such as receipts, invoices or other evidence of expenses incurred. **You must attach all supporting documentation for interim assistance to this application form.**

You cannot claim for pre-existing debts, unpaid rent, household bills, loan repayments or other general living expenses (such as food) as interim assistance.

Do you have any urgent or emergency expenses as a direct result of the act of violence that you want to be considered as interim assistance before your full application is decided?

Yes No

Please describe the expenses you want to claim as interim assistance using the table below:

Type of interim expense and provider's name	Expense amount paid and/or due (in \$)	Date paid and/or date payment is due by	Supporting documentation attached to this application (please describe)
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Go to Section 10 if you are a related victim.

Go to Section 11 if you are a parent secondary victim.

Otherwise go to Section 12.

SECTION 10 - Details of Other Potential Related Victims

This section **must** be completed if you selected the related victim category in Section 3. Victim Assist Queensland will contact each person who may claim to be a related victim in relation to this act of violence.

Are you aware of any other person who is a related victim or may claim that he or she is a related victim in relation to this act of violence?

Yes No

If Yes, please give details of the other potential related victims below if known (discretion will be used when contacting them).

Title	Given name/s	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address of potential related victim		
<input type="text"/>		Postcode
Telephone number	Mobile/alternative number	Email address
(<input type="text"/>) <input type="text"/>	<input type="text"/>	<input type="text"/>
If the potential related victim is under the age of 18 years, please give the name and contact details of their parent, guardian or administrator here.		
Given name/s	Relationship to the primary victim	
<input type="text"/>	<input type="text"/>	
Address		
<input type="text"/>		Postcode
Telephone number	Mobile/alternative number	Mobile/alternative number
(<input type="text"/>) <input type="text"/>	<input type="text"/>	<input type="text"/>

Title	Given name/s	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address of potential related victim		
<input type="text"/>		Postcode
Telephone number	Mobile/alternative number	Email address
(<input type="text"/>) <input type="text"/>	<input type="text"/>	<input type="text"/>
If the potential related victim is under the age of 18 years, please give the name and contact details of their parent, guardian or administrator here.		
Given name/s	Relationship to the primary victim	
<input type="text"/>	<input type="text"/>	
Address		
<input type="text"/>		Postcode
Telephone number	Mobile/alternative number	Mobile/alternative number
(<input type="text"/>) <input type="text"/>	<input type="text"/>	<input type="text"/>

Note: If there are more potential related victims please attach another page with the above details.

Go to Section 12.

SECTION 11 - Details of Other Parent Secondary Victims

This section **must** be completed if you selected the parent secondary victim category in Section 3. Victim Assist Queensland will contact each person who may claim to be a parent secondary victim in relation to this act of violence.

Are you aware of any other person who is a parent secondary victim in relation to this act of violence?

Yes No

If Yes, please give details of the other person/s below if known (discretion will be used when contacting them).

Title	Given name/s	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Postcode
<input type="text"/>		<input type="text"/>
Telephone number	Mobile/alternative number	Email address
(<input type="text"/>) <input type="text"/>	<input type="text"/>	<input type="text"/>

Title	Given name/s	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Postcode
<input type="text"/>		<input type="text"/>
Telephone number	Mobile/alternative number	Email address
(<input type="text"/>) <input type="text"/>	<input type="text"/>	<input type="text"/>

Title	Given	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Postcode
<input type="text"/>		<input type="text"/>
Telephone number	Mobile/alternative number	Email address
(<input type="text"/>) <input type="text"/>	<input type="text"/>	<input type="text"/>

Title	Given name/s	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Postcode
<input type="text"/>		<input type="text"/>
Telephone number	Mobile/alternative number	Email address
(<input type="text"/>) <input type="text"/>	<input type="text"/>	<input type="text"/>

Note: If there are more parent secondary victims, please attach another page with the above details.

Go to Section 12.

SECTION 12 - Banking Details

This section **must** be completed if you want the granted payment of assistance to be transferred directly into a bank account (If you do not have a bank account, any payment will be posted to you as a cheque at the address on this form).

Note: Some payments may be made directly to the service provider. In the case of a child applicant any lump sum is paid to the Public Trustee, or for a person with impaired capacity any lump sum is paid to their administrator or attorney (appointed under power of attorney).

How do you want any payment of assistance made if your application is successful?

Direct to bank account by EFT By cheque

Please nominate a bank account for payment if you want any payment transferred directly into the bank account. If you change your bank details please let us know immediately on 1300 546 587.

BSB number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Account name

<input type="text"/>

Signature (applicant or authorised person)

<input type="text"/>

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Go to Section 13.

SECTION 13 - Consent

You **must** complete this section. Your consent is required before Victim Assist Queensland can obtain the information needed to make a decision about your application.

If you are acting on behalf of the person wanting assistance (i.e. your details appear in Section 2), you must sign this consent on behalf of that person.

Please give your consent by completing the following information.

I (full name)

of (address)

authorise the Government Assessor to obtain the information listed in 1 to 5 below that relates to the application for the

act of violence on or about / / and/or the injury or death of (name of primary victim)

1. My medical history so far as it is relevant to deciding the application for financial assistance from a hospital, medical centre, health clinic, and other health practitioner or service provider, including but not limited to requests under s74 of the *Victims of Crime Assistance Act 2009* (the Act).
2. Information from the insurance commissioner under the *Motor Accident Insurance Act 1994* about—
 - (i) whether I have, in relation to the act of violence, made a claim under that Act and, if so, the status of the claim; or
 - (ii) if my claim is successful under that Act—the amount paid or payable to me in relation to the claim (s77(1)(a) of the Act).
3. Information from the police commissioner about—
 - (i) whether I have, in relation to the act of violence, applied for compensation under the *Police Service Administration Act 1990*, section 10.8 and, if so, the status of the application; or
 - (ii) if my application for compensation is granted under that Act—the amount of compensation paid or payable to me (s77(1)(b) of the Act).
4. Information from the Workers' Compensation chief executive officer about—
 - (i) whether I have, in relation to the act of violence, applied for compensation under the *Workers' Compensation and Rehabilitation Act 2003* and, if so, the status of the application; or
 - (ii) if my application for compensation is granted under the *Workers' Compensation and Rehabilitation Act 2003*—the amount of compensation paid or payable to me and the expenses, loss of earnings or other amount for which the compensation was paid or is payable (s77(1)(c) of the Act).
5. Any reports from a health practitioner nominated by a Government Assessor to conduct an examination under s73 of the Act.

Signature of applicant/authorised person

Date
 / /

If you have signed this consent on behalf of the person wanting assistance (victim) please state the name of the person wanting assistance below.

Is this person aware you have signed this consent on their behalf?

Yes No **If no, please state the reason why below.**

Go to Section 14.

SECTION 14 - Statutory Declaration

You must complete this section. A signed, witnessed statutory declaration is required before your application can be processed.

You must sign this section in front of a Justice of the Peace, Commissioner for Declarations, Notary Public or a lawyer who must also then sign and date this section.

If you are acting on behalf of the person wanting assistance (i.e. your details appear in Section 2), you must sign this declaration on behalf of that person.

STATUTORY DECLARATION

I (full name)

of (address)

do solemnly and sincerely declare that the contents of this application are true and correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*.

Signature of applicant/authorised person

Date

Declared at (location)

Before witness:

Signature of Witness

Full Name of Witness

Title of Witness (JP, ComDec, Notary, Lawyer)

Address of Witness (business address)

Postcode

End of application. Please return to the front of the application form and refer to the application check list before sending the completed application to Victim Assist Queensland.