

Form 8
Financial Assistance Application – Parent
Secondary Victim

Victims of Crime Assistance Act 2009 (sections 51 and 52)

Version 2

Office Use Only — Application #:

Date received:

This form is for a parent of a child injured in an act of violence that has happened in Queensland.

Under the *Victims of Crime Assistance Act 2009* a parent secondary victim must have experienced the following circumstances:

- You (the child's parent or primary carer) have been injured psychologically or emotionally after becoming aware of your child, or a child in your care (under 18), being injured physically, psychologically, or emotionally by an act of violence. This may include, but is not limited to, any form of assault, a sexual offence, child abuse, domestic and family violence and a range of other personal offences.

A parent or primary carer who has been charged with, or is being investigated for, offences relating to the act of violence against the child cannot apply for financial assistance.

As a primary victim of an act of violence, **your child may be eligible for financial assistance** for their recovery needs and other relevant expenses. The child's parent or legal guardian needs to complete a *Financial Assistance Application - Primary Victim* on behalf of the child. All expenses relating to the child's recovery needs are to be included on the child's application. **Only include expenses relating to your recovery needs on this form.**



Victim Assist's Information and Referral Service is available to answer your questions. They can also help you complete this form, connect you with a free victim support service or arrange a referral to a court support worker.

victimassist@justice.qld.gov.au

1300 546 587

www.qld.gov.au/victims

1. Parent details

Title First name(s): Last name:
Other names you have used: Female Male Date of birth: / /
 Other Place of birth:



Safety Alert – Victim Assist usually sends information in a Queensland Government envelope with a Department of Justice and Attorney-General return address. If this will be a problem for you, please advise how you would like to receive information: I prefer Victim Assist to use: Home address Contact address In a plain envelope Email

Home address (of the victim):

Contact address (for the application – if different from above):

Contact email:



Safety Alert – When Victim Assist calls a mobile, the caller information will show as 'private number'. If this will be a problem for you, please indicate the filtering option you prefer.

I prefer Victim Assist to: SMS me before they call SMS me and I will call back

Mobile number:

Business hours number:

Cultural background? (Optional) :

Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander Other (specify):

Relationship to the child: include information confirming your relationship such as a copy of the child's birth certificate, a family Medicare card

Parent Co-parent Step-parent Legal guardian Kinship carer Other (specify):

2. Application assistance

Do you need help with your application?

help with reading help with writing help understanding large print An interpreter (specify language):

Is someone else assisting you with your application? (Optional)

Name of person assisting:

I have advised this person Victim Assist may contact them.

Address:

Contact email:

Business hours number:

This person is my: family member friend support person lawyer

I prefer Victim Assist to contact my support person/lawyer: instead of me. as well as me.



3. Information about your child

Full name of child: _____ Date of birth: _____
Date of violence: _____ If the violence happened over a period of time: _____ Place of birth: _____
When did it start? Month _____ Year _____ When did it end? Month _____ Year _____
Where did the violence happen?
What happened? (e.g. My child was a victim of ..., an assault, a sexual offence, domestic and family violence):


Have you or someone else made an application on behalf of your child? Yes No – please contact Victim Assist
Unknown – please tell us why you don't know if an application has been made:

Work related violence


Did the violence happen at work, on the way to or from work, or while on a work break? Yes No
If yes - you must apply for workers compensation before applying to Victim Assist. Have you applied for workers compensation?
Workers compensation reference number is: _____ No – please contact Victim Assist for advice

Violence involving a motor vehicle

Did the violence involve a motor vehicle? (e.g. dangerous operation of a motor vehicle causing death or serious injury) Yes No
If yes - you must apply to the relevant compensation/insurance provider before applying to Victim Assist. Have you applied for compensation or insurance (including compulsory third party insurance – CTP)?
Claim reference number is: _____ No – please contact Victim Assist for advice


 Victim Assist does not provide financial assistance to replace vehicles involved in acts of violence or repair vehicles that are stolen or wilfully damaged.

4. Reporting - the violence has been reported to police

 In most cases, the violence needs to be reported before you apply. You can report to police at any time, even if the violence happened a long time ago. To find out how to report - **contact a local Police Station or call Policelink on 131 444.**

Was the violence reported to the police? Yes — complete any known information in this section. No — complete section 5
Name of person who made the report: _____ Reference number: _____
Station: _____ Investigating officer: _____ Date: _____

5. Reporting - the violence has not been reported to police

 If the violence has not been reported to police yet, it must be reported to a doctor, psychiatrist, psychologist, counsellor or domestic and family violence worker before you apply. We recommend the violence is still reported at a later date. To find out how to report - **contact a local Police Station or call Policelink on 131 444.**


Name of person the violence was reported to:
Address:
Contact email: _____ Business hours number: _____

This person is a: doctor psychiatrist psychologist counsellor domestic/family violence worker

6. Do you know the name of the person(s) who harmed your child?

Name: _____ Gender _____ Relationship to victim: _____
Name: _____ Gender _____ Relationship to victim: _____

7. Payments from other sources

 Before we assess your application, Victim Assist needs to know about any payments you have received or may receive because of the violence.

Other payment(s) applied for or eligible for	Reference/Claim Number	Payment (received/expected)
Compulsory third party insurance (CTP)		\$
Income protection insurance		\$



Other payment(s) applied for or eligible for	Reference/Claim Number	Payment (received/expected)
Workers' compensation		\$
Medical/Health insurance		\$
Travel insurance		\$
Civil court claim		\$
Mediation or Court Order		\$
Medicare		\$
Patient transfer subsidy scheme		\$
Other (specify):		\$

8. Banking details

If your application is approved, we can reimburse your out of pocket expenses directly to your nominated bank account, send you a cheque or make a payment directly to the service provider on your behalf. Cheque Direct deposit

Account name: Bank:
 BSB: Account number:

9. Out of pocket expenses



Victim Assist requires evidence to support your expenses. Including documents with your application will help us to assess your application efficiently. It helps if you include:

- Treatment plans and quotes from health practitioners – for medical or counselling expenses
- Payslips – if asking for help with loss of earnings
- Quotes, receipts or invoices for other expenses

Medical expenses – including past or future treatment expenses such as consultation fees, treatment fees, medication, report costs, medical aids and other medical expenses.

Treatment needs (what do you need):	Amount	Date paid/due
	\$	
	\$	
	\$	
	\$	

Do you need to travel more than 20km each way to attend appointments? Yes No

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Treatment needs (e.g. number of visits per week/month and cost per visit):	Amount	Date paid/due
	\$	
	\$	
	\$	
	\$	

Do you need to travel more than 20km each way to attend appointments? Yes No



Legal expenses – if a lawyer assisted you with your application, you can ask Victim Assist to pay up to \$500 of your legal fees.

Did a lawyer assist with your application Amount Date paid/due
Yes No \$

Loss of earnings – Victim Assist may be able to grant up to \$20,000 loss of earnings incurred within two years of the act of violence.

How has the violence affected your ability to work?

Please tell us your work income immediately before the violence - **include** payslips to confirm your normal income or if self-employed, a letter from your accountant. Gross pay \$ **per** hour day week fortnight month

Please tell us the date(s) you were off work - **include** a letter from your employer confirming you took leave and a medical certificate confirming leave was due to violence. What did you earn during your time off (e.g. sick leave allowance, income protection, Centrelink etc.)

Leave start date: Leave end date: Reason (e.g. injured, follow up medical, follow up counselling) \$
\$
\$
\$

Exceptional circumstances - include reasonable, exceptional expenses that will significantly aid your recovery from the violence.


Recovery needs (tell us what do you need, why you need it and how you think it will aid your recovery): Amount Date paid/due

\$

\$

\$

Urgent and immediate expenses - tell us which of the expenses listed on this form are urgent and immediate.

 If you are asking for interim assistance for your urgent and immediate expenses, you must include your treatment plan, receipts, invoices or quotes etc.

Which expenses are urgent and immediate and why they are urgent and immediate?: Amount Date paid/due

\$

\$

\$

10. Parent or legally appointed guardian information

Title First name(s): Last name:
Other names you have used: Female Male Date of birth:
Other Place of birth:

Cultural background? (Optional) :

Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander Other (specify):

Do you need help with the application?

- help with reading help with writing help understanding large print An interpreter (specify language):
 Other (specify):

Please explain the reason for acting on behalf of the victim (e.g. they are under 18, I have been formally appointed as their guardian/administrator):

If you have been formally appointed to act on behalf of the victim, please tell us who you were appointed by and attach a copy of your authority. Enduring Power of Attorney Queensland Civil and Administration Tribunal Federal Court Supreme Court
 Other (specify):

Relationship to victim: Appointment date: Expires on:

11. Extension of time

An application for financial assistance needs to be made within three years of the violence ceasing. If the violence ceased more than three years ago, please tell us the reason for the delay in applying for financial assistance:

12. Submitting your application

- If your contact details change while we are assessing your application, contact us with your new details as soon as possible.
- Photocopied, scanned or clearly photographed documents are preferred – no responsibility can be taken for original documents lost in the post.
- You do not need to provide copies of police or court documents. These will be sourced directly by Victim Assist.
- Victim Assist takes your privacy seriously, stores your information securely, and will call you for consent before sharing information with anyone not specified in this form. You can withdraw your consent at any time.
- If your application is approved, Victim Assist may contact you to confirm your identity before making payments.

Please **read the following page carefully before signing**. It includes:

- Information about how we protect your privacy, why we collect your personal information, whom we may share information with and why we share it.
- Your applicant statement (what you are agreeing to). Please read carefully then sign at the bottom of the page to show you agree.

13. 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 chapter 3 of the Victims of Crime Assistance Act 2009. In order to obtain information relevant to making a decision on your, it is the department's usual practice to disclose relevant information to:

- your health practitioners and/or service providers,
- the insurance commissioner under the Motor Accident Insurance Act 1994,
- the police commissioner,
- the National Injury Insurance Scheme Queensland chief executive officer,
- the Workers' Compensation chief executive officer,
- the State Penalties Enforcement Registry registrar,
- the Transport chief executive officer and,
- court registrars.

The department may crosscheck your personal information with Births, Deaths and Marriages for the purpose of verifying familial relationships.

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 a decision. De-identified statistical data may be used for research purposes.

14 Applicant Statement – you must read this statement carefully and, if you agree, sign below

1. I have read the privacy notice and I understand and consent to Victim Assist Queensland disclosing my personal information to the specified authorities/persons/entities.
2. I acknowledge it is an offence under the Victims of Crime Assistance Act 2009 to make a statement or provide a document that is false or misleading. The information I have provided in this application and attached documents is true and not misleading.
3. I agree to advise Victim Assist Queensland if my circumstances change or if I become aware of any matter that would make the information in this form false or misleading.
4. I acknowledge I am required under the Victims of Crime Assistance Act 2009 to disclose any relevant payment from other sources (see section 7) received before lodging this application and I agree to disclose to Victim Assist Queensland, within 28 days of receiving payment, any relevant payment received after lodging this application, including during the assessment period. I understand that penalties may apply if I do not disclose a relevant payment.
5. I authorise any relevant doctor, health authority, allied health provider, rehabilitation provider, or insurer to disclose to Victim Assist Queensland and its officers any information about my medical history relevant to this application.
6. I authorise the insurance commissioner under the Motor Accident Insurance Act 1994, the police commissioner, the National Injury Insurance Scheme Queensland chief executive officer and the Workers' Compensation chief executive officer to disclose information relevant to this application.
7. I authorise Victim Assist Queensland to disclose information regarding payment or non-payment of goods and services to the nominated service provider.

Contact Victim Assist's Information and Referral Service before signing if you have any questions or concerns.

Full name of applicant:

Full name of victim — if different from applicant (eg. if the applicant is a parent/guardian - see section 10):

Signature of applicant:

Date:

Send your form and copies of supporting documents to:

Email: victimassist@justice.qld.gov.au
Post: GPO Box 149, Brisbane, QLD 4001
Phone: 1300 546 587 | Fax: 07 3013 5365