

Queensland Corrective Services Victims Register

Application to register

What is the Register?

The Queensland Corrective Services (QCS) Victims Register is an information service established to provide certain information to eligible persons in regards to prisoners who have been convicted of offences and are serving a period of imprisonment, including parole, in accordance with s320(1)(a), (b) or (c) of the *Corrective Service Act 2006* (CSA 2006).

Where can I get more information about the QCS Victims Register?

You can log onto the Queensland Corrective Services website at: www.correctiveservices.qld.gov.au

You can contact the Queensland Corrective Services Victims Register on the following:

Freecall: 1800 098 098
 Email: victims.register@dcs.qld.gov.au
 Mail: Victims Register
 Queensland Corrective Services
 GPO Box 1054
 Brisbane QLD 4001

Translating and interpreting services 13 14 50
 Hearing impaired assistance – National Relay Service
 Freecall: 1800 555 660
 Website: <http://relayservice.gov.au/>

Who can Register?

- The actual victim of a violent or sexual offence for which an offender has been sentenced to a period of imprisonment (unless it is a wholly suspended sentence) or who is a supervised dangerous prisoner (sexual offender)
- If the victim is deceased, an immediate family member of the victim of a violent or sexual offence
- If the victim of a violent or sexual offence is under 18 years or has a legal incapacity, the victim's parent or guardian
- A person who has been subject to domestic violence or whose life or physical safety may be endangered because of a risk of domestic violence being committed against them and the offender has been sentenced to a period of imprisonment for any offence.

If you do not meet the above registration criteria, you may still be considered for placement on the QCS Victims Register if you can demonstrate:

- a documented history of violence against you by an offender (e.g. a current or expired Domestic Violence Order); or
- that your life or physical safety may be endangered due to a connection to the offence for which an offender has been imprisoned (e.g. you have given evidence against the offender in a court proceeding).

In these instances, the offender must be convicted of a violent or sexual offence.

What information may be provided?

Information that must be provided to an eligible person includes the prisoner's eligibility and release dates, date of discharge or release, death or escape or any other exceptional circumstances that could be reasonably expected to endanger the eligible person's life or physical safety.

Information that may be provided to an eligible person includes a prisoner's current location, security classification, transfers, the results of applications for parole and other exceptional events.

If the prisoner lodges an application for parole, other than exceptional circumstances parole, or the Attorney-General makes an application to the Supreme Court for an order under the *Dangerous Prisoners (Sexual Offenders) Act 2003* (DPSOA 2003), eligible persons will be notified that they may make a written submission to the Parole Board Queensland or the Supreme Court.

If the prisoner/offender makes an application to change their name the eligible person will be notified that they may make a written submission to the authorised delegate.

Privacy notice

This application form is provided in accordance with s320 – s325 of the CSA 2006. QCS collects the information provided in your application form in order to establish your eligibility to register with the QCS Victims Register and for the following purposes:

- to enable the Department to provide certain information relating to the status of prisoner(s) against whom you have registered with the QCS Victims Register; and
- to enable the Department to discharge its legislative accountability and administrative function.

The QCS Victims Register will store your information securely. QCS will not disclose your personal information without your consent to the extent that it can be legally refused or unless satisfied on reasonable grounds that the disclosure is necessary to lessen or prevent a serious threat to your life or safety or unless legally required.

Does the information provided to me need to remain confidential?

All information provided by the QCS Victims Register must be treated confidentially. Information from the Victims Register must not be disclosed for public dissemination by either the eligible person or their nominee.

This includes but is not limited to disclosure of confidential information to any media outlet (e.g. television, newspaper, radio, the internet, book or other form of communication), distributing the confidential information in leaflets or brochures in letterboxes or by announcing the confidential information at a meeting.

Disclosure of this information publicly may result in completion of your registration and other penalties as described in s341 of the CSA 2006, including up to 2 years imprisonment.

An eligible person or their nominee may disclose relevant confidential information (such as the prisoner's discharge date) to a third party, for example a Domestic and Family Violence Support Service, for the purposes of obtaining support and assistance.

How long does my registration remain current?

A registration will remain current until a prisoner has completed their sentence. However an eligible person may be removed from the QCS Victims Register in other circumstances, including where:

- the eligible person requests to be removed;
- the prisoner in relation to whom the person is registered dies in custody or in the community;
- the prisoner is transferred interstate or overseas;
- the eligible person discloses, for public dissemination, any prisoner information released to them by the QCS Victims Register;
- the QCS Victims Register is unable, after making reasonable efforts, to contact the eligible person; or
- until the child victim of an offence reaches 18 years and has legal capacity to apply with the QCS Victims Register in their own right.

How do I apply for registration?

A person who wishes to apply for registration must complete and sign the attached Form 49 Application to Register with the Queensland Corrective Services Victims Register.

Should a person wish to apply for registration in relation to multiple prisoners, a Form 49 Application to Register with the Queensland Corrective Services Victims Register must be completed for each prisoner.

Completed applications should be emailed or posted to the address provided.

The QCS Victims Register seeks to provide information in a timely manner. Provision of an email address ensures the timely release of information.

What happens after I submit my Application to Register?

Your application and the supporting documentation will be assessed against several criteria. It is your responsibility to provide documentation in support of your application. The Victims Register may seek further information or clarification from the Office of the Director of Public Prosecutions, the Queensland Police Service or the Courts.

An assessment will also be made if releasing information will affect the safety and security of QCS facilities, staff, prisoners and other persons.

Once your application has been processed, you will be advised of the outcome. If you are registered, your initial letter will provide information regarding the prisoner's current status.

If you are ineligible for registration you will be notified.

Application to Register with the Queensland Corrective Services Victims Register

Version 6

Corrective Services Act 2006 (ss.320-325)

Please note – this form has 8 sections. Please complete all sections relevant to you.

1. Details of the person wishing to apply for registration

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other		
Given name/s:			
Surname:			
Date of birth:	DD/MM/YYYY		
Email address:			
Residential address:	Unit/building no.	Street no	Street name
	Suburb/Town/City	State	Postcode
Postal address:	Unit/building no.	Street no	Street name
	Suburb/Town/City	State	Postcode
Important:			
To ensure the timely distribution of information from the QCS Victims Register correspondence will be forwarded to you via email. If you are unable to provide an email address at the time you apply, correspondence will be forwarded to your nominated postal address.			
Failure to update your details may result in your registration being completed. You are able to call the unit and update your details at any time should you wish to commence receiving correspondence via email at a later date.			
It is your responsibility to ensure that your contact/personal details are kept up to date. This is necessary as the QCS Victims Register may be contacted when a prisoner's change in location is being assessed.			
Your address will not be disclosed to the prisoner.			
Mobile number:	()	Daytime/Alternative number:	()
Do you identify yourself as:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Not specified		
Is English your second language:	<input type="checkbox"/> Yes please specify language		<input type="checkbox"/> No <input type="checkbox"/> NA
Do you require an interpreter:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Translating and Interpreting Services:	13 14 50
I have an impairment which may mean I need special assistance dealing with Victims Register staff	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
If yes, please specify:			
If you wish to speak with QCS Victims Register staff, you can contact the National Relay Service on 1800 555 660.			
How did you hear about the QCS Victims Register?	<input type="checkbox"/> Online <input type="checkbox"/> Victim Advocacy Service <input type="checkbox"/> Other, please specify:		

2. Details of prisoner and offence

Please note that the QCS Victims Register is only able to register you if the prisoner who you are registering against is under the supervision of QCS and has been sentenced to a period of imprisonment/supervision.

If applying for registration for multiple prisoners you are required to submit an application form for each prisoner. An application must be accompanied by a certified copy of proof of identity and, if applicable, a certified copy of documentation supporting your application. Only one copy of identification is required if submitting multiple applications.

Prisoner details	
Given name/s:	
Surname:	
Date of birth (if known):	DD/MM/YYYY
Offence/s (if known):	
Date of offence/s (if known):	
Investigating police officer/station (if known):	
Sentence (if known):	
Date of sentence (if known):	

3. Eligibility for registration

From the options below, please tick the box that applies to you and complete the relevant details for that section.

Category A	
You have had a criminal act of violence or a sexual offence committed against you (CSA s320(2)(a)(i))	<input type="checkbox"/> Go to Section 4

Category B	
You are an immediate family member of a deceased victim of a criminal act of violence committed against them (CSA s320(2)(a)(ii))	<input type="checkbox"/> Yes <input type="checkbox"/> No
You are the parent or guardian of a victim of an offence of violence or sexual offence who is under 18 years of age or who has a legal incapacity (CSA s320(2)(a)(iii))	<input type="checkbox"/> Yes <input type="checkbox"/> No

Victims details	
Name of victim:	
Date of birth of victim:	
What is your relationship to the victim? (e.g. are you the victim's mother, father, husband, wife, child, sibling etc). Please attach a certified copy of any documentation which provides evidence of your relationship to the victim e.g. Marriage Certificate, Birth Certificate, Statutory Declaration etc).	

Category C	
Where a prisoner has been convicted of an offence of violence or a sexual offence and you can provide documentary evidence of the prisoner's history of violence against you (CSA s320(2)(a)(iv)(A))	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where a prisoner has been convicted of an offence of violence or a sexual offence and you can provide information that your life of physical safety could be endangered because of a connection between you and the offence (CSA s320(2)(a)(iv)(B))	<input type="checkbox"/> Yes <input type="checkbox"/> No
You can demonstrate a documented history of domestic violence being committed against you by the prisoner regardless of the nature of the prisoner's current conviction (CSA s320(2)(b)(i))	<input type="checkbox"/> Yes <input type="checkbox"/> No
You can demonstrate that your life or physical safety may be endangered because of a risk of domestic violence committed by the prisoner (CSA s320(2)(b)(ii))	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>To be considered for registration under Category C, you must attach certified documentary evidence to support your application, for example:</p> <ul style="list-style-type: none"> • a Domestic Violence Order (current or previous); • a statutory declaration made by you and witnessed by another person, who is one of the following: <ul style="list-style-type: none"> • Justice of the Peace; • Barrister/Solicitor; • Conveyancer; or • Commissioner for Declarations. • Documentary evidence from a Domestic Violence Support Agency
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4. Nominee

Please only complete this section if you would like to nominate another person or agency to receive information on your behalf. If you nominate another person, the Victims Register will correspond only with the person/agency that you have nominated and you will have no further contact from the Victims Register until you advise otherwise.

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other		
Given name/s or agency:			
Surname:			
Relationship to victim:			
Date of birth:	DD/MM/YYYY		
Daytime telephone number:	()	Mobile/alternative number:	()
Email address:			
Postal address:	Unit/building no.	Street no	Street name
	Suburb/Town/City	State	Postcode
Please note that a nominee must sign, name or mark the declaration section on the next page.			

5. Prisoner/Offender contact

Do you have contact with the prisoner of concern	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, under what circumstances:	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

6. Declaration

Please note that the QCS Victims Register will be unable to process your application if the declaration is not endorsed by you and your nominee (if applicable) or if certified identification documentation is not provided.

To also be completed by a parent or guardian of a person under the age of 18 years or if over 18 years has a legal incapacity.

Applicant's declaration	
Please tick each box to demonstrate your acceptance of these conditions	
<input type="checkbox"/> I request that my details be entered into the Victims Register, operated by Queensland Corrective Services.	
<input type="checkbox"/> I understand and accept that the information provided by Queensland Corrective Services is confidential and I agree not to release this information for public dissemination. I agree not to use this information for any unlawful purpose that could cause harm or detriment to any person.	
<input type="checkbox"/> I understand that misuse of the information provided to me by Queensland Corrective Services may result in my details being removed from the Victims Register.	
<input type="checkbox"/> I understand that if I choose not to provide or update my contact details, Queensland Corrective Services may not be able to provide the service to me and my details may be removed from the Victims Register.	
<input type="checkbox"/> I understand that when the child victim turns 18 years and has legal capacity, I am no longer eligible to be registered with the QCS Victims Register in accordance with <i>CSA 2006 s320(2)(a)(iii)</i> .	
Applicants who have nominated another person or agency to receive information on their behalf should also complete the following:	
<input type="checkbox"/> I authorise Queensland Corrective Services to provide information to my nominated agent (if applicable) and understand that the nominee will receive correspondence instead of me.	
Signature, name or mark of applicant	
Date	

Nominee's declaration (if applicable)	
The nominee should tick each box to demonstrate acceptance of these conditions	
<input type="checkbox"/> I understand that the applicant named above has nominated me to receive information from Queensland Corrective Services on the applicant's behalf.	
<input type="checkbox"/> I understand and accept that the information provided by Queensland Corrective Services is confidential and I agree not to release this information for public dissemination. I agree not to use this information for any unlawful purpose that could cause harm or detriment to any person.	
<input type="checkbox"/> I understand that misuse of the information provided to me by Queensland Corrective Services may result in my details being removed from the Register.	
<input type="checkbox"/> I understand that if I choose not to provide or update my contact details, Queensland Corrective Services may not be able to provide the service to me and my details may be removed from the Register.	
<input type="checkbox"/> I understand that the eligible person may remove me as a nominee at any time.	
Signature, name or mark of nominee	
Date	

7. Proof of identity

IMPORTANT

Every application must be accompanied by certified proof of the applicant's identity, certified by a Solicitor/Barrister, Justice of the Peace or Commissioner for Declarations.

Please indicate which document you have attached (note, only one is required)

- Current Australian Driver's Licence
 Birth Certificate
 Current Passport
 Other (eg. Statutory Declaration, Health Care Card, 18 Plus card, Indigenous community organisation). Please specify:

Please do not send original documents. Please send only copies.

8. Document checklist

For your application to be considered, please ensure that you have completed the necessary sections and attached all relevant documentation as outlined in the checklist:

- If you are applying under Category A, have you attached a certified copy of a proof of identity document for yourself?
 If you are applying under Category B, have you attached a certified copy of a proof of identity document and a document that evidences your relationship to the victim?
 If you are applying under Category C, have you attached a certified copy of an identity document and a certified document that supports your application (for example, a Domestic Violence Order or a Statutory Declaration or letter of support from a Domestic Violence Support Agency)
 Have you understood and signed the applicant's declaration?
 If you have nominated another person or agency to receive information on your behalf, has the nominee understood and signed the nominee's declaration?

This application form is provided in accordance with s320 – s325 of the CSA 2006.

Queensland Corrective Services collects the information provided in this application form for the following purposes:

- to enable the Department to provide certain information relating to the status of the prisoner/s against whom you have registered with the Victims Register; and
- to enable the Department to discharge its legislative accountability and administrative function.

The QCS Victims Register will store your information securely. The prisoner/s will not be informed of your registration.

OFFICE USE ONLY

CSA s320(2)(a)(i), (ii) or (iii) (Category A and B)

Name, address, age validated

Victim status verified by DPP, Police, Transcript etc. or

Victim status verified by other means including supporting documentation

Signed by applicant.

Proof of identity included. Certified

Nominee identity included and signed.

Other: Collateral check - Internal/External

Information to be received

Registration approved Not approved **Reason**

Delegated officer Date:

CSA s320(2)(a)(iv) and s320(2)(b) Category C or prisoner

Name, address, age validated

Verified by supporting documentation **Type**

Victim status verified by other means.

Signed by applicant.

Proof of identity included. Certified

Nominee identity included and signed.

Other: Collateral check - Internal/External

Information to be received

Registration approved Not approved **Reason**

Senior delegated officer Date:

