



## ACT FINANCIAL ASSISTANCE SCHEME

### Application to Vary Amount of Financial Assistance

Use this form if your circumstances have changed or are likely to change since you received financial assistance and you would like to apply for additional or different financial assistance.

**You must make this application within 7 years from the day you first received a financial assistance payment from the Scheme.**

**Only 1 application to vary can be submitted per calendar year.**

Please complete this form and send it to [fasvsact@act.gov.au](mailto:fasvsact@act.gov.au) together with any supporting documents, receipts or invoices for any new payments you are requesting.

The personal information we collect is used to assess your application for financial assistance in accordance with the *Victims of Crime (Financial Assistance) Act 2016*. This information may be provided to the ACT Civil and Administrative Tribunal if you ask for a review of our decision about your application. We will not release information to other people, unless we are required to do so by law.

Victim Support ACT is required to comply with relevant ACT legislation such as *Territory Records Act 2002*, the *Information Privacy Act 2014*, the *Freedom of Information Act 1989* and the *Health Records (Privacy and Access) Act 1997*.

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<b>Name</b>	
<b>Date of birth</b>	
<b>Previous application number</b> (eg. 123/25)	

- 1. Please provide details about your earlier assistance payment and what it was granted for (eg. counselling expenses, personal security):**



- 2. What is the previous act of violence you applied for? Provide details of the date of the act of violence occurred:**

- 3. Please tell us the details of the payment(s) you are applying for. Include relevant information (such as any further medical treatment you require, changes to your safety circumstances, or evidence that your injury may now be permanent).**

**Please provide supporting documentation if available (this will make the processing of your request simpler):**



**4. Please describe how your circumstances have changed or how your circumstances are likely to change:**

**Declaration:**

*I declare that the information provided in this form is true and correct and I understand that giving false or misleading information is a serious offence. I understand that the Victims of Crime Commissioner may make relevant enquiries to verify the information provided.*

*I have read and agree to the conditions above.*

<b>Signature</b> (please type your full name if submitting this form electronically)	
<b>Date:</b>	