

# Primary Victim Application

## Financial Assistance Scheme

Victim Support ACT supports people who have been injured by a violent crime, with counselling and financial help.

To complete this application you should use the **Guide to completing a financial assistance application**.

Please download and save this application on your computer prior to completing it.

You can also print the application and complete it by hand.

### Help with this application

If you have questions about how to complete this application, you can contact Victim Support ACT on **1800 822 272** or **02 6205 2222** or email [victimsupportintake@act.gov.au](mailto:victimsupportintake@act.gov.au)



Need an interpreter?  
Phone **131 450** and ask  
for Victim Support ACT.

### Who should use this primary victim form?

You are a primary victim if you have been injured emotionally or physically by a violent crime in the ACT.

You can use this form to apply for:

- immediate needs payments for personal security, relocation or emergency medical costs
- economic loss payments for medical and dental costs, loss of earnings and other costs
- a recognition payment to acknowledge the harm experienced as a result of the crime.

### What we need to assess your application

To assess your application we need:

- evidence that the crime happened to you in the ACT
- evidence that you were injured
- proof of your expenses relating to the crime.

The things we need from you are:

- consent to contact support services who have assisted you in relation to the crime
- consent to contact professionals who have treated you in relation to the crime

- letters or medical certificates confirming you were injured by the crime
- copies of invoices or quotes for expenses you are claiming.

To get evidence that the crime happened to you, we usually ask police for records they have about the crime.

### Privacy notice

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*.



**VICTIM SUPPORT**  
ACT Human  
Rights Commission  
**1800 822 272**  
[victimsupport@act.gov.au](mailto:victimsupport@act.gov.au)



## SECTION 1 – Primary Victim’s details

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### 1. Full name

Preferred title

Given Name

Middle name(s)

Family Name

Any previous name(s)

### 2. Gender

Preferred pronouns

### 3. Date of Birth

**4. Do you identify as Aboriginal and / or Torres Strait Islander?** Yes No

### 5. What country were you born in?

What is your visa status ? Citizen Permanent Resident Protection Visa  
Bridging Visa Temporary Visa

Information on visa status is used for our records only; and will not affect the outcome of your application.

**6. Do you require the assistance of an interpreter?** Yes No

If so, please specify language:

**7. Do you identify as having a disability?** Yes No

Do you have difficulty understanding what people say to you? Yes No

If yes, what adjustments can we make to assist you?

Do you have difficulty reading or writing? Yes No

If yes, what adjustments can we make to assist you?



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**8. Contacts details for applicant (primary victim)**

Residential address

Postal address  
(if different from residential address)

Contact number

Alternative phone number

Email

How would you prefer to be contacted?

**Note: please provide at least one contact method. If required, we will contact you between 9am and 5pm, Monday to Friday.**

**9. How did you hear about the Financial Assistance Scheme?**

ACT Police      Victim Support ACT      Legal Service  
Support Service      Other

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**SECTION 2 – Details of the person applying on behalf of the primary victim (if applicable)**

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**Note: DO NOT complete this section if the primary victim will be the main contact point going forward.**

**A representative can include:**

- parents/guardians
- a legal representative
- a person authorised under a guardianship order
- other people who have an interest in the welfare of a primary victim may apply on behalf of the primary victim.

If you do not have formal authority to make this application on behalf of the primary victim, the primary victim will need to sign this form or provide written consent for you to apply on their behalf.

**10. Are you completing this application on the primary victim’s behalf?** Yes      No

What is your relationship to the primary victim?

**11. Full name**

Preferred title

Given Name      Middle name(s)

Family Name

**12. Date of Birth**



**13. Contacts details for person applying on behalf of victim**

Fill in if you want to receive correspondence instead of the victim OR in addition to the victim. (See Section 3, Preferences for correspondence.)

Residential address

Postal address  
(if different from residential address)

Contact number

Alternative phone number

Email

**Note: please provide at least one contact method. If required, we will contact you between 9am and 5pm, Monday to Friday.**

**14. Why are you assisting the victim to complete the application?**

**If you are formally appointed to act on behalf of the victim, please attach a copy of the relevant documentation.**

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**SECTION 3 – Preferences for correspondence**

**15. Preferences**

Please contact the primary victim only

The primary victim wants letters sent via: Email      OR post

**Or**

Please contact the representative only

The representative wants letters sent via: Email      OR post

**Or**

Please contact the primary victim **and** the representative

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**SECTION 4 – details about the crime**

**16. Do you know the name(s) of the offender(s)?**    Yes      No

Please write name(s) here:

**17. Did you know the offender?**    Yes      No

If yes, how do you know the offender?



**18. When did the crime/s occur?**

- a) Date **OR**  
b) Over a period of time from: to

**19. In what suburb did the crime occur?**

**20. What was the nature of the crime** (please choose closest match)

- Assault      Sexual assault      Domestic or family violence  
Home invasion resulting in injury      Armed robbery

**Note: other types of crime may not be covered by the Financial Assistance Scheme. We will contact you if the crime you experienced is not covered by the Financial Assistance Scheme.**

Briefly describe what happened

## SECTION 5 – Injuries

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**21. How were you injured?**

- Physical      Psychological / emotional

Briefly describe your injuries:



## SECTION 6 – Reporting the crime and injuries

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**22. Was the crime reported to ACT Police?** Yes No Unsure

If no, go to question 23

Which station was the crime reported to (if known)?

What was the case officer's name (if known)?

What is the police reference number (if known)

When was the crime reported to police (if known)

**Note: We will contact ACT Police to request information about the crime.**

**23. Reporting the crime to other agencies**

If you didn't report the crime to police, what was the reason you did not report?

Was the crime reported to:

A doctor / psychologist / social worker or counsellor? Yes No Unsure

A hospital? Yes No Unsure

A Government agency? Yes No Unsure

A non-government agency (e.g. the Domestic Violence Crisis Service or  
Canberra Rape Crisis Centre) Yes No Unsure

**Note: to help us determine that you are eligible for a payment, we will need to access evidence that you have been injured by the crime.**

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## SECTION 7 – Consent to contact agencies

**Note: we need your consent to make contact with other agencies. We need this so we can:**

- assess whether you have told an agency about the crime
- what injuries you had or still have

We can collect this information on your behalf so you don't need to. We will show this form to the agencies you list. We will black out the other agencies when we do this to preserve your privacy. We try to gather information that will help us to decide your eligibility, but we cannot guarantee that information provided to us by the health professional / agency will help us with our decision.

Victim's name:

Victim's date of birth:

I give consent for Victim Support ACT to contact the people or agencies listed below. I agree that Victim Support ACT can seek this information to assess my application for financial assistance.

**Nature of the crime** (please choose closest match)

Assault      Sexual assault      Domestic or family violence  
Home invasion resulting in injury      Armed robbery

Date of crime:

### Person / organisation 1

Name:

Position title (if applicable):

Organisation (if applicable):

Phone:

Email:

Address:

### Person / organisation 2

Name:

Position title (if applicable):

Organisation (if applicable):

Phone:

Email:

Address:

### Person / organisation 3

Name:

Position title (if applicable):

Organisation (if applicable):

Phone:

Email:

Address:

**Note: if there are other organisations that you would like us to contact, we can send you another consent form.**

Victim's signature

Date of consent:



## SECTION 8 – What are you applying for?

### 24. I am applying for:

An immediate needs payment

An economic loss payment

A recognition payment

**Note: for more information about the types of payments please go to our [website](#) or see our [guide for completing a primary victim application](#).**

## SECTION 9 – Financial assistance for immediate needs and/or economic loss

**Note: to help us confirm the costs you have paid for, please provide receipts or invoices and treatment plans that show how these costs relate directly to the crime.**

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

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

- (1) Personal security      (2) Removalist / storage      (3) Emergency medical  
 (4) Counselling / psychological support      (5) Other medical / dental  
 (6) Travel to court      (7) Travel for medical treatment  
 (8) Expenses incurred making the application (excludes legal fees)  
 (9) Loss of, or damage to, items that you wore or had with you when the crime happened  
 (10) Other (please specify)

Type of cost (code number 1-10)	Who did you pay?	Date of invoice	Cost	Medicare / private health rebate?	Paid/ not paid?





**26. Please explain how these costs relate directly to the crime.**

**27. Are you claiming loss of earnings?** Yes (continue) No (go to Q. 28)

Note:

- A medical certificate may be required to support your claim for loss of earnings.
- Please provide a statement from your employer that includes:
  - Name of employer
  - Your pay rate and how much you were paid
  - The dates that you could not work
  - The balance of your leave entitlements (annual leave and sick leave must be used prior to accessing financial assistance)
  - Employment type.
- You must provide information about any other entitlement you have been paid (for example, income protection, workers compensation, Centrelink benefits)
- If you were self-employed, you should provide evidence that shows your absence from work, such as a statement from your accountant and medical certificates.

**Note: for more information about the types of payments please go to our [website](#) or see our [guide for completing a primary victim application](#).**



## SECTION 10 – Money received from other sources

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**Note: please tell us if you have received money because you have been injured by the crime.  
You may have received money from:**

- The person who injured you
- The owners of the place where you were hurt (for example a hotel or a club)
- Compensation from a school or a religious organisation
- Workers compensation

**28. Have you received any money, or do you plan to make a claim using any of these options:**

Private health benefit: Yes      No

If yes, provide details:

Workers compensation: Yes      No

If yes, provide details:

A reparation order made by a Judge or Magistrate under the Crimes Sentencing Act:

Yes      No

If yes, provide details:

Civil or other court claim (a settlement or award of damages): Yes      No

If yes, provide details:

Insurance payment or any other source: Yes      No

If yes, provide details:

## SECTION 11 – Additional info

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**If you need additional space to provide us with information, you can do so here:**



## SECTION 12 – Declaration and agreement of conditions

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**Note: your application cannot be accepted if this section is not completed and signed.**

The person who is applying for financial assistance must complete this section unless there is a personal legally acting on their behalf.

You can write to us to add or change information that you have provided in this application at any time before an application is finalised.

I state the following:

**A: I declare that the information is true and correct.**

**B: I understand that giving false or misleading information is a serious offence and may negatively affect the outcome of the application.**

**C: Victim Support ACT will make relevant enquiries to verify the information provided.**

**D: Victim Support ACT may request documents to prove identity at any time throughout the claims process.**

I make the declaration above

Signature (if submitting this form electronically please type your name or add your e-signature):

Date: