

## The Victims Support Scheme application for counselling

### Victims Rights and Support Act 2013

All victims of violent crime can use this form to apply for counselling. Further information and our online application can be found at [www.victimsservices.justice.nsw.gov.au](http://www.victimsservices.justice.nsw.gov.au)

#### PART 1: Personal details

1. Full name	Title (Mr, Mrs, Miss, Ms) <input type="text"/>	Surname/Family <input type="text"/>
	First/Given <input type="text"/>	Middle <input type="text"/>
2. Any other names used by the victim	Surname/Family <input type="text"/> First/Given <input type="text"/>	
3. Gender	Female <input type="checkbox"/>	Male <input type="checkbox"/> Other <input type="checkbox"/>
4. Date of birth	<input type="text"/> (dd/mm/yyyy)	
5. Address (Note: all correspondence will be sent to this address)	Address <input type="text"/> Postcode <input type="text"/>	
	Country (if applicable) <input type="text"/>	
	Postal address (if different) <input type="text"/> Postcode <input type="text"/>	
6. Contacts	Phone <input type="text"/>	Mobile <input type="text"/> Email <input type="text"/>
<p>Note: Please provide at least ONE contact method. If required, we will contact you between 8am &amp; 6pm Mon to Fri.</p>		
7. Are you of Aboriginal or Torres Strait Islander origin? (Optional – for statistical purposes only)	No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>	

#### PART 2: Details of the person/organisation applying on behalf of the above victim

(Parents/guardians or other persons who have an interest in the welfare of a person may apply on behalf of the victim)

Note: Parents/guardians and representatives will receive correspondence while a friend/family member assisting with form lodgement only – will not receive correspondence.

8. Relationship to victim	Parent/guardian <input type="checkbox"/>	Representative <input type="checkbox"/>	Friend/family member <input type="checkbox"/>
	Other <input type="checkbox"/>	▶ Please specify <input type="text"/>	
9. Full name	Title (Mr, Mrs, Miss, Ms) <input type="text"/>	Surname/Family <input type="text"/>	
	First/Given <input type="text"/>	Middle <input type="text"/>	
10. Name of organisation (if applicable)	<input type="text"/>		
11. Address	<input type="text"/>		Postcode <input type="text"/>
	Postal address (if different) <input type="text"/>		Postcode <input type="text"/>
12. Contacts	Phone <input type="text"/>	Mobile <input type="text"/>	Email <input type="text"/>
<p>Note: Please provide at least ONE contact method. If required, we will contact you between 8am &amp; 6pm Mon to Fri.</p>			
13. Reason for applying on behalf of the victim	Age <input type="checkbox"/> Disability <input type="checkbox"/> Overseas <input type="checkbox"/>		
	Parental responsibility – FACS <input type="checkbox"/> Counselling in prison <input type="checkbox"/>		
	Other <input type="checkbox"/> ▶ Please specify <input type="text"/>		

**PART 3: Details of the act(s) of violence**

14. When did the act of violence occur?

(a) Date  (dd/mm/yyyy)or, (b) over a period of time From  to  (dd/mm/yyyy)

15. Where in NSW did the act(s) of violence happen? (If full address is not known, suburb/town must be provided)

Address Suburb/town  Postcode 

16. What was the nature of the act of violence? (Please choose the closest match)

Assault  Sexual assault  Robbery  Home invasion  Domestic/family violence Other  ► Please specify Briefly describe what happened. For example *I was walking home and was assaulted by two men who held a knife to my throat and stole my wallet.* Or, *I was sexually assaulted between 2002 and 2005.* Do not just write: *See police statement.*17. What is the offender's name? Surname/Family  First/Given 18. Relationship to the offender? **PART 4: Details of counsellor**

19. Would you like Victims Services to allocate an Approved Counsellor on your behalf?

Yes  ► Continue No  ► Go to Q.21

20. Please let us know of any counselling preference you have (if required)

Gender No preference  Female  Male Suburb(s)/town(s) to attend counselling Type of disability access  Language for counselling Other requirements 21. Please provide the name of the Approved Counsellor of your choice 22. Please provide the preferred location of your choice 

Note: If you do not have an Approved Counsellor you may select one from the list available on the Victims Services website (go to How to find an Approved Counsellor on home page) Note: All efforts will be made to meet your preferences.

**PART 5: Applicant's declaration**I hereby apply for initial counselling pursuant to Schedule 4, Part 2, *Victims Rights and Support Act 2013*. I am aware that the contents of my counselling session may be used in the preparation of a report to Victims Services for the purposes of subsequent counselling and/or financial assistance applications.

Applicant's signature

Date (dd/mm/yyyy)

**Further information and help completing the application**

Contact Victims Services (8am to 6pm, Monday to Friday (exc. public holidays):

- Phone: 1800 633 063 / (02) 8688 5511 • Aboriginal Contact Line: 1800 019 123
- Email: [vs@justice.nsw.gov.au](mailto:vs@justice.nsw.gov.au) • Website: [www.victimsservices.justice.nsw.gov.au](http://www.victimsservices.justice.nsw.gov.au)

You can send your completed form by email to [vs@justice.nsw.gov.au](mailto:vs@justice.nsw.gov.au) or by fax to (02) 8688 9632.

Or, post it to The Commissioner of Victims Rights, Victims Services Locked Bag 5118, PARRAMATTA NSW 2124