

Application for initial counselling



Victims Services
Justice & Attorney General

Victims Support and Rehabilitation Act 1996 (the Act)

Further information and our online application can be found at our website www.lawlink.nsw.gov.au/vs

PART 1: Details of victim – If you are a family member of a homicide victim, please contact us for the appropriate form

1. Have you already applied for victim's compensation for this act of violence?						
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	→ Please provide the claim number	<input type="text"/>	
2. Full name	Surname/Family	<input type="text"/>	Given name	<input type="text"/>		
3. Gender	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>		
4. Date of birth	Date	<input type="text"/>	(dd/mm/yyyy)			
5. Address (Note: All correspondence will be sent to this address)						
	<input type="text"/>					
	<input type="text"/>				Postcode	<input type="text"/>
6. Daytime contact details	Phone	<input type="text"/>	Mobile	<input type="text"/>		
	Email	<input type="text"/>				
7. Are you of Aboriginal or Torres Strait Islander origin? (Optional - for statistical and planning purposes)						
	No	<input type="checkbox"/>	Yes, Aboriginal	<input type="checkbox"/>	Yes, Torres Strait Islander	<input type="checkbox"/>
Legal representation (If you complete these details, a copy of all correspondence from us will be sent to your legal representative)						
8. Name of legal firm/practitioner	<input type="text"/>					
9. Address	<input type="text"/>					
	<input type="text"/>				Postcode	<input type="text"/>
10. Contact details	Phone	<input type="text"/>				
	Email	<input type="text"/>				

PART 2: Details of person applying on behalf of the above victim – If the victim is unable to complete the application due to incapacity or is under 18 years of age, a person with a genuine interest in the welfare of the victim may apply on their behalf

11. What is your relationship to the victim?						
Parent/guardian	<input type="checkbox"/>	Other	<input type="checkbox"/>	→ Please specify	<input type="text"/>	
12. Full name	Surname/Family	<input type="text"/>				
	First/Given name	<input type="text"/>	Middle	<input type="text"/>		
13. Gender	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>		
14. Date of birth		<input type="text"/>	(dd/mm/yyyy)			
15. Address						
	<input type="text"/>					
	<input type="text"/>				Postcode	<input type="text"/>
16. Daytime contact numbers	Phone	<input type="text"/>	Mobile	<input type="text"/>		
	Email	<input type="text"/>				
17. Why are you acting on behalf of the victim?						
	<input type="text"/>					

PART 3: Details of the act of violence

18. When did the act(s) of violence occur?

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

19. Where in NSW did the act(s) of violence happen? (If full address is not known, please provide suburb/town)

Address
Suburb/town (must be provided) Postcode

20. What was the type of act of violence?

Assault Sexual Assault Robbery Home Invasion Domestic/Family Violence
Other → Please specify

21. Name of the offender (if known)

22. Was the act of violence reported to the police? No Yes

23. 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."

24. Type of injury sustained Physical Psychological

PART 4: Details of counsellor – A list of approved counsellors is available on our website: www.lawlink.nsw.gov.au/vs

25. Would you like us to allocate an approved counsellor on your behalf?

No → Go to Question 26 Yes → Go to Question 27

26. Please provide the name of the approved counsellor of your choice

27. Please let us know of any counselling preferences you have (if required)

Gender No preference Female Male

Suburb(s)/town(s) to attend counselling

Type of disability access (if required) Language for counselling

Other counselling requirements

Please note that all efforts will be made to meet your preferences.

PART 5: Applicant's declaration

I hereby apply for initial counselling pursuant to section 21 of the *Victims Support and Rehabilitation Act 1996*. 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 compensation applications.

Applicant's signature

Date

/ /

Where to send this form

You may send your completed form by fax to: **(02) 8688 9630**

Or, post it to: **The Director, Victims Services, Locked Bag 5118 PARRAMATTA NSW 2124**

If you have any enquiries, please contact us on: **1800 633 063** or **(02) 8688 5511** (Sydney metropolitan area).

You can also send an email to: vs@agd.nsw.gov.au The **Telephone Interpreting Service** number is **131 450**.

A decision regarding your application for initial counselling will be given to you within two working days.