

# Victims Register - Application Form

Corrective Services Act 2006 (ss. 320-325)

# 49

## Section 1 - Personal details

|   |   |                     |  |
|---|---|---------------------|--|
| *Title and full name:                                   |   |                     |  |
| Date of birth:  |   |                     |  |
| Residential address:                                    |   | Post code:          |  |
| Postal address:<br><i>(if different to residential)</i> |   | Post code:          |  |
| Email address:  |   |                     |  |
| *Contact number:  |   | Alternative number: |  |
| Do you require an interpreter?                          | <input type="checkbox"/> No <input type="checkbox"/> Yes – specify: |                     |  |

## Section 2 - Prisoner details

|                |  |
|----------------|--|
| *Full name:    |  |
| Date of birth: |  |

## Section 3 - Information about applicant

Please tick all suitable options:

- Victim of a violent or sexual offence
- Victim of domestic and family violence
- Immediate family member of a deceased victim
- Parent/Guardian of a victim child under 18 years old/a victim who is legally incapacitated
- Can demonstrate your life and/or physical safety is at risk
- Third party support entity specify:  
\_\_\_\_\_
- Other – specify: \_\_\_\_\_



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## Section 4 - Proof of identity

### Please provide/attach two forms of identification.

This may include, but is not limited to, any of the following: drivers' licence, passport, photo identification card (adult proof of age or 18+ card), Medicare card, healthcare card, concession card, utility bill.

Note: On occasions where formal identification is not available other forms of identification may be accepted.

Note: Where applying as a parent/guardian of a child victim, as an immediate family member of a deceased victim, or as the guardian of a victim who is legally incapacitated, please provide the following:

- as the parent/guardian of a child victim - evidence of relationship to the child victim;
- as an immediate family member of a deceased victim - evidence of relationship to the deceased victim; and
- as a guardian of a legally incapacitated victim – evidence of guardianship.

## Section 5 - Declaration

- I understand and accept that the information provided by Queensland Corrective Services (QCS) Victims Register is confidential and I agree **NOT** to release this information for public dissemination. I acknowledge that I will become an informed person under section 341 of the *Corrective Services Act 2006*.
- I agree not to use this information for any unlawful purpose that could cause harm or detriment to any person.
- I understand that if I choose not to provide or update contact details, QCS may not be able to provide the service to me and the registration details may be removed from the QCS Victims Register.
- I understand the purpose of having a nominee (if requested).
- All information received by QCS Victims Register, including submissions, will be stored confidentially and may be used for the protection of eligible people.

\*Signature or mark of eligible person: \_\_\_\_\_

Date: \_\_\_\_\_

Note: Where an Agency (e.g. Department of Children, Youth Justice and Multicultural Affairs) is the applicant, a signature is required on behalf of the Chief Executive.

\*Denotes mandatory fields.

