



Application for 2 hours of counselling

(Section 21 *Victims Support and Rehabilitation Act 1996*)

Claim number

Applications may also be lodged online at our website www.lawlink.nsw.gov.au/vs and further information may be found there.

PART 1: Details of victim *Note: 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 Yes → Please provide the claim number

2. Surname Given names

3. Date of birth / / 4. Gender Male Female

5. Address Postcode
 Email

Phone no. Daytime () Mobile

6. Your solicitor (If you have a solicitor representing you in this application all correspondence will go to them.)
 Name of solicitor/firm Postcode
 Address
 Email
 Phone no. () Fax

PART 2: Details of person applying on behalf of the above victim (if applicable)

For eg, if the victim is under 18 years or incapacitated.

7. Surname Given names

8. Your relationship to the victim Parent Other → Please specify

9. Reasons for acting on behalf of the victim Victim under 18 yrs Other → Please specify

10. Address Postcode
 Phone no. Daytime () Mobile

PART 3: Additional information

11. What language do you speak at home?

12. Are you of Aboriginal or Torres Strait Islander origin? No Yes, Aboriginal Yes, Torres Strait Islander

13. Were you the victim of a 'hate' crime? No Yes → Please specify
For eg, violence based on your culture, ethnicity, gender, religious belief or sexuality.
 Culture Ethnicity Gender Religious belief Sexuality

PART 4: Police information

14. Was the matter reported to the police? No Yes → Go to Question 15

15. Which police station was it reported to?
 Date reported: / / 16. COPS Event No. (if known) E

If you have a copy of the statement you made to the police please attach it to this form.

17. Name of offender? (if known)

18. Is this act of violence related to domestic violence? No Yes

PART 5: Details of the act(s) of violence

19. When did the act(s) of violence happen? Date / /

Or, over a period of time From / / to / /

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

Postcode

21. Briefly describe what happened, including the injuries you received.

PART 6: Details of counsellor *A list of approved counsellors is available on our website: www.lawlink.nsw.gov.au/vs*

22. Would you like us to allocate an approved counsellor on your behalf? No → Go to Question 23
Yes → Go to Question 24

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

24. Please let us know of any counselling preferences you have.

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

Male Female Language for counselling

Type of disability access (if required) Other

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

PART 7: Applicant's declaration

I hereby apply for 2 hours of 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 / /

Or I, am signing this application on behalf of the victim.

→ Please provide reason(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**

Solicitors may use the Document Exchange: **DX 8232 PARRAMATTA**

If you have any enquiries, please contact us on **(02) 8688 5511** or **1800 069 054 (toll free)** or **TTY (02) 8688 5575**.

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

A decision regarding your application for 2 hours of counselling will be given to you or your solicitor within two working days.