

Victims Register – Referral Form

Corrective Services Act 2006 (ss. 320-325)

49_A

Section 1 - Client details

* Full name:					
* Date of birth:		Pronouns:			
Cultural identity:		Aboriginal Torres Strait Islander Both	Neither Prefer not to say Other ethnicity: _____		
* Contact number:		Alternative number:			
Email address:					
Residential address:	Street:			State:	
	Suburb:			Postcode:	
Postal address:	Street:			State:	
	Suburb:			Postcode:	
What are the client's communication needs or preferences? Please consider their safety needs, intellectual ability, literacy level and any sensitive dates they would prefer not to be contacted on.					
Does your client require a translator or interpreter service?		No Yes	If yes, please provide details:		

Section 2 – Prisoner / Offender details

* Full name:		Date of birth:	
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Section 3 – Referring party details

* Organisation:			
* Name and role of person completing referral:			
* Contact number:		* Email address:	
Alternative contact person (if applicable):			
Does the client consent to and have awareness of this referral?		No Yes	If no, please do not proceed until you have received the client's consent.

* Mandatory fields.



Section 4 – Information about the client

Please tick all that apply:

<input type="checkbox"/>	Victim of a violent or sexual offence committed by the prisoner/offender.		
<input type="checkbox"/>	Victim of domestic and family violence committed by the prisoner/offender.		
<input type="checkbox"/>	Effected by a homicide offence committed by the prisoner/offender.		
<input type="checkbox"/>	Immediate family member of a deceased victim If the Victims Register cannot evidence your relationship to the victim, you may be asked to provide additional information.	Victim's full name:	
		Victim's date of birth:	
		Client's relationship to the victim:	
<input type="checkbox"/>	Parent/Guardian of a victim child or person with impaired capacity If the Victims Register cannot evidence your relationship and guardianship to the victim, you may be asked to provide additional information.	Victim's full name:	
		Victim's date of birth:	
		Victim's relationship to the child:	
<input type="checkbox"/>	Can demonstrate their life and/or physical safety is at risk from the prisoner/offender because of:	<input type="checkbox"/> a history of violence committed against them by the prisoner/offender. <input type="checkbox"/> a connection between them and the offence.	

Is there any other information you would like us to know?

Section 5 – Declaration

Where possible, please have the client sign the declaration below.

The Victims Register is unable to provide an Eligible Person with any information until this declaration has been signed. If you are unable to have the client sign, the Victims Register will make arrangements to do this. Please note, it may result in the delay of information being provided to the client about the prisoner they are registering against.

Client's declaration:

I declare that I understand and accept the information provided by the Victims Register is confidential and I will **NOT** release this information publicly. I acknowledge I will become an informed person under section 341 of the *Corrective Services Act 2006*.

Signature or mark of client:		Date:	
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Referring party declaration:

I declare the information above is true and correct to the best of my knowledge and is provided with the informed consent of the named client who is aware my organisation is making this referral on their behalf.

* Signature or mark of
third-party representative:

Date:

Section 6 – Proof of identity

Please provide/attach a form of identification on behalf of the client.

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 or utility bill.

Please note, on occasions where formal identification is not available, other forms of identification may be accepted. Please contact the Victims Register to discuss if you are unable to provide identification with your application.

Collection Notice

Queensland Corrective Services (QCS) is collecting the information on this form for the purposes of section 320-325 of the *Corrective Services Act 2006* to:

- establish the applicant's eligibility to register with the Victims Register
- enable QCS to provide certain information regarding the status of the prisoner(s) the applicant/Eligible Person have registered with the Victims Register; and
- enable QCS to discharge its legislative accountability and administrative function in accordance with the *Corrective Services Act 2006*.

The Victims Register will store this information securely. Personal information will not be disclosed to any other third parties, unless authorised or required by law.

Nominee

An Applicant may choose to nominate another person, or support entity, to receive information from the Victims Register on their behalf. This is known as a *Nominee*. This person or support entity will be required to complete a separate Nominee Form before information is able to be released to them by this office.

For further information or enquiries, please contact the Victims Register



1800 098 098 (Australia) or
+6 17 3565 7470 (International)



Victims.Register@corrections.qld.gov.au



Victims Register
GPO Box 1054, Brisbane,
Queensland 4001



Victims Register Enquiry Form
corrections.qld.gov.au/victims-register/



qld.gov.au/law/your-rights/victim-rights-and-complaints/victims-registers/adult

