Victims Register – Application Form

Corrective Services Act 2006 (ss. 320-325)

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Section 1	- Appli	cant deta	ils						
* Full name:									
* Date of birth:			Pronouns						
Cultural identity:		Aboriginal Torres Strait Islande Both		Neither Prefer not to say Other ethnicity:					
* Contact number:				Alternative number:					
Email address:									
Residential	Street:					State:			
address:	Suburb:	Suburb:				Postcode:			
Postal	Street:					State:			
address:	Suburb:				Postcode:				
How did you hear about the Victims Register?									
What are your communication needs or preferences? Please consider any safety concerns if we tried contacting you via phone call, text, email or postal mail, and any sensitive dates you would prefer not to be contacted on.									
Do you require a translator or interpreter service?			No Yes	If yes, please provide details:					
Section 2	– Prisc	oner / Offe	ender deta	ails					
* Full name:				Date of birth:					
Section 3 – Information about the applicant									
Please tick all that apply:									
Victim of a violent or sexual offence committed by the prisoner/offender									
At risk of domestic and family violence from the prisoner/offender									
	Effected by a homicide offence committed by the prisoner/offender.								

* Mandatory fields.





Immediate family member of a	Vict	im's full name:		
deceased victim If the Victims Register cannot evidence	Vict of b	im's date irth:		
your relationship to the victim, you may be asked to provide additional information.		ır relationship ne victim:		
Parent/Guardian of a victim child or		Victim's full name:		
person with impaired capacity If the Victims Register cannot evidence your relationship and quardianship to	Victim's date of birth:			
your relationship and guardianship to the victim, you may be asked to provide additional information.		ır relationship ne victim:		
Your life and/or physical safety is at risk from the prisoner/offender because of:		a history of violence committed against them by the prisoner/offender. a connection between them and the offence.		

Section 4 – 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	Date:	
applicant:	Date.	

Section 5 - Proof of identity

Please provide/attach a form of identification.

This can be a photo of 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 your eligibility to register with the Victims Register;
- · enable QCS to provide certain information regarding the status of the prisoner(s) you 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/



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



