

## Internal review application form

### When to use this form

If you are not satisfied with a decision about your Victims of Crime Financial Assistance Scheme (FAS) application, you can ask the FAS to review that decision. This is known as an internal review.

You can request an internal review of decisions:

- refusing an application for assistance or to vary assistance (including VOCAT variations)
- about the amount of assistance to pay (including for variations of FAS assistance and VOCAT awards)
- requiring repayment of interim or final assistance, including the amount to repay.

You cannot request an internal review of decisions about:

- interim assistance (this must be requested as part of an internal review following a final decision)
- legal costs, or
- whether or not to hold a victim recognition meeting.

If you have any queries about completing this form you can contact the FAS by phone.

FAS Helpline: 1800 161 136

Marra Yattakunur Team: 1800 849 778

You can also submit an enquiry online using the Enquiry Form in the FAS Portal.

### Time limits for seeking an internal review

You need to apply within 28 days of the date of the decision. If you apply outside of this time limit, you will need to explain why you are applying out of time and provide supporting evidence to explain the delay.

### What happens next?

Someone more senior to the original decision-maker will take a fresh look at your application, including any additional information or evidence that you provide. We will notify you of the outcome of the review through your FAS Portal.

The new decision will either affirm (uphold), amend, or substitute (replace) the original decision.

### Filling in this form

- This form can be completed and signed electronically using a PDF reader on your computer such as Adobe.
- Alternatively, you can print and complete the form using black or blue pen and BLOCK LETTERS.
- Attach copies of any supporting documentation.
- If you need to provide more information, you can attach additional pages.

### Returning this form

Send the completed form to:

[financialassistancescheme@justice.vic.gov.au](mailto:financialassistancescheme@justice.vic.gov.au)

or

Financial Assistance Scheme  
PO Box 21060  
Little Lonsdale Street VIC 8011

### Privacy

The FAS collects personal information for the purpose of assessing your eligibility for assistance. The FAS will not disclose your personal information without your consent unless required to do so by law. More information on how the FAS handles your personal information can be found in the enclosed Collection Notice or at [www.vic.gov.au/privacy-vicgovau](http://www.vic.gov.au/privacy-vicgovau).

### Do you require legal assistance?

You may be able to obtain assistance from one of the following organisations:

■ **Victims Legal Service**

Call 1800 531 566 or visit

[www.victimsofcrime.vic.gov.au/victims-legal-service](http://www.victimsofcrime.vic.gov.au/victims-legal-service)

■ **Victorian Community Legal Centres**

Call (03) 9652 1501 or visit [www.fclc.org.au](http://www.fclc.org.au)

■ **Victorian Aboriginal Legal Service**

Call 1800 064 865 or visit [www.vals.org.au](http://www.vals.org.au)



# Part A: Application Details

1 Who are you making this application for?

Myself

[Go to Question 3](#)

Someone else (I am their Authorised Representative)

If you are an Authorised Representative, provide your details below at Question 2 and then complete the rest of this form as if you were the applicant.

2 Authorised representative's details

Given name(s)

Family name

Organisation (if applicable)

3 Applicant's name

Pronouns

(e.g. she/her, he/him, they/them, self-described (please specify))

Given name(s)

Family name

Preferred name

4 Date of birth

5 Application ID

6 Date of decision you would like reviewed

7 Are you making this application more than 28 days after the date of decision?

No

[Go to Question 9](#)

Yes

8

Please explain the reasons why you are applying out of time.

You should also provide evidence to support this request

9

What part of the decision would you like us to review?

Entire decision

[Go to Part B](#)

Outcome of specific assistance type

10

Which assistance type would you like us to review?  
Select all that apply

Counselling expenses  
(all applicants)

Medical expenses  
(all applicants)

Recovery expenses  
(all applicants)

Safety-related expenses  
(primary victims)

Loss or damage to clothing  
(primary victims)

Special financial assistance  
(primary victims)

Loss of earnings  
(primary and secondary victims)

Loss of money  
(related victims)

Distress  
(related victims)

Other reasonable expenses  
(related victims)

Funeral expenses  
(all applicants where relevant)

# Part B: Grounds of the review

**11** Please explain why you believe the original decision is incorrect or unreasonable

We encourage you to address the specific points provided in the notice of decision. Please attach extra pages if you need more space.

**12** What is the outcome you are seeking from this review?

**13** Do you have any new documentary evidence or information that supports your grounds of review and the outcome you are seeking?

- Yes (please attach this to your application)
- No

# Part M: Applicant acknowledgement

## Summary

For applicants applying for an internal review on their own behalf, this acknowledgement confirms that you agree to the Victims of Crime Financial Assistance Scheme (FAS) collecting and disclosing your information to process your application. You are also acknowledging the information provided in the application is true and not false or misleading, that you may be required to repay assistance, and that you agree to keep the FAS up to date about changes in your circumstances. You are also agreeing to the Victims of Crime Assistance Tribunal (VOCAT) and Court Services Victoria (CSV) disclosing your personal and health information to the FAS.

For Authorised Representatives applying for an internal review on behalf of a victim (the applicant), this acknowledgment confirms that the applicant agrees to the FAS collecting and disclosing their information to process their application. You and the applicant are also acknowledging the information provided in the application is true and not false or misleading, that the applicant may be required to repay assistance, and that you and the applicant agree to keep the FAS up to date about changes in the applicant's circumstances. The applicant is also agreeing to the Victims of Crime Assistance Tribunal (VOCAT) and Court Services Victoria (CSV) disclosing their personal and health information to the FAS.

You can contact the Victims of Crime Financial Assistance Scheme (FAS) Contact Centre if you have any questions before signing. If you have any concerns about signing, you should seek advice.

## Truth of the information supplied

I declare that the information I have provided in this application and attached documents is true and not misleading.

I acknowledge that it is an offence to provide false or misleading information in relation to an application under section 66 of the *Victims of Crime (Financial Assistance Scheme) Act 2022 (Vic)* (FAS Act) and it may impact the outcome of the application. I also acknowledge that it is an offence to obtain or attempt to obtain assistance fraudulently under section 65 of the FAS Act.

I also acknowledge that under sections 18 and 22 of the FAS Act, the applicant is required to disclose any relevant compensation, assistance, payment or entitlements from other schemes (see section "other schemes or assistance") received before lodging this application.

## Keeping the FAS up to date

I agree to disclose to the FAS any compensation, assistance or payment received from other schemes after lodging this application, including during the assessment period.

I agree to advise the FAS if my (or in the case of an Authorised Representative applying on the applicant's behalf, the applicant's) circumstances change or if I become aware of any matter that would make the information in this application form false or misleading.

## Repayments

I acknowledge that I (in the case of an applicant applying on their own behalf) or the applicant (in the case of an Authorised Representative applying on the applicant's behalf) may be required to repay any assistance under sections 37 and 50 of the FAS Act. Repayment could be required in circumstances including if I (in the case of an applicant applying on their own behalf) or the applicant (in the case of an Authorised Representative applying on the applicant's behalf) have/has received any damages, compensation, assistance or payments from another scheme that were not taken into account when determining the amount of assistance, if the amount of assistance is decreased on review or variation, or if interim assistance is paid but the application is later refused.

Continued on next page.

## Part M: Applicant acknowledgement cont.

### Acknowledgement of collection notice and privacy policy for applicants submitting an application on their own behalf – Consent to disclosure of personal and health information

I have read the [collection notice](#) and the Department of Justice and Community Safety's (DJCS) [privacy policy](#). I understand and consent to the FAS collecting and disclosing my information to the relevant authorities/persons/entities.

I understand that to process my application the FAS will need to provide my personal information to other organisations or request information about me from other organisations.

This will include requesting or accessing information from Court Services Victoria (CSV) about any previous Victims of Crime Assistance Tribunal (VOCAT) applications and Victoria Police about the violent act. It may also include requesting information from other organisations and entities (including other schemes that provide damages, compensation or financial assistance) to process my application and/or sharing information with the relevant authority if you have made a complaint. It may also include providing information to the Supreme Court of Victoria if my assistance is paid to Funds in Court to be held on trust.

I have also read the Website Privacy Statement on the VOCAT website at [Privacy | Victims of Crime Assistance Tribunal \(vocat.vic.gov.au\)](#). I have also read the Website Privacy Statement appearing on the website operated by CSV at [Privacy | Court Services Victoria](#). For the purposes of progressing my application to the FAS, I consent to VOCAT and CSV disclosing my personal or health information within VOCAT and CSV, to the FAS.

### Acknowledgement of collection notice and privacy policy for Authorised Representatives submitting an application on the applicant's behalf – Consent to disclosure of personal and health information

I have read the [collection notice](#) and Department of Justice and Community Safety's (DJCS) [privacy policy](#). I confirm that as an Authorised Representative for the applicant, that the applicant is aware of and has provided consent for me to provide this information to the FAS. I also confirm that the Applicant is aware of the terms of the collection notice and the DJCS privacy policy.

In particular, the applicant is aware that the FAS will collect this information and disclose their information to the relevant authorities/persons/entities as set out in the collection notice and the DJCS privacy policy.

The applicant is aware that to process their application the FAS will need to provide their personal information to other organisations or request information about them from other organisations. This will include requesting or accessing information from Court Services Victoria about any previous VOCAT applications and Victoria Police about the violent act. It may also include requesting information from other organisations and entities (including other schemes that provide damages, compensation or financial assistance) to process their application and/or sharing information with the relevant authority if they make a complaint. It may also include providing information to the Supreme Court of Victoria if their assistance is paid to Funds in Court to be held on trust.

I have also read the Website Privacy Statement on the VOCAT website at [Privacy | Victims of Crime Assistance Tribunal \(vocat.vic.gov.au\)](#). I have also read the Website Privacy Statement appearing on the website operated by CSV at [Privacy | Court Services Victoria](#). I confirm that as an Authorised Representative for the applicant, that the applicant is aware of and has provided consent to VOCAT and CSV disclosing their personal or health information within VOCAT and CSV to the FAS. The Applicant has authorised me to give this consent. I also confirm that the Applicant is aware of the terms of the VOCAT and CSV Website Privacy Statements and the terms of this acknowledgment.

**52** I confirm that I have read and agree to the terms above

Full name of applicant or Authorised Representative

Date

Signed