

NORTHERN TERRITORY VICTIMS REGISTER

Application Form

Information you provide will remain confidential and will only be held on the Victims Register. Access to this information is limited to staff with a genuine and essential need to have such access and will not be available to offenders or other persons.

1. Details of the person wishing to apply for registration <small>(if you are not the direct Victim please complete section 2)</small>		
Title (Mr, Mrs, Ms, Miss)	Date of Birth	
Surname	Given names	
Principal telephone number	Alternative phone (mobile/work)	
Previous names <small>(e.g. maiden name, change of name for privacy)</small>		
Postal Address	State	Postcode
Street Address	State	Postcode
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you and Aboriginal and/or a Torres Strait Islander <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Details of the Victim <small>(If you are not the direct victim of crime, please provide details of the victim of the crime and your relationship to that person here)</small>		
Title (Mr, Mrs, Ms, Miss)	Date of Birth	
Surname	Given names	
Previous names <small>(e.g. maiden name, change of name for privacy reasons)</small>		
Your relationship to the Victim <small>(e.g. mother, uncle, aunt, ex-spouse, de-facto, friend, partner, work associate, counsellor, you may be requested to provide evidence of your relationship to the victim)</small>		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you and Aboriginal and/or a Torres Strait Islander <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Details of the Offender and offence		
Offender 1		
Title (Mr, Mrs, Ms, Miss)	Date of Birth	
Surname	Given names	
Also known as / Aliases	DPP Case #	
Details on Sentencing Imposed		Date of conviction
Details/Nature of offence/s		Date of offence
		Name of Court
		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Offender 2		
Title (Mr, Mrs, Ms, Miss)	Date of Birth	
Surname	Given names	
Also known as / Aliases	DPP Case #	
Details on Sentencing Imposed		Date of conviction
Details/Nature of offence/s		Date of offence
		Name of Court
		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Please add details of other offender(s), if any, on the back of this form or a separate sheet attached to this registration form.		

5. Nominee <small>(Please only complete this section if you would like to nominate another person or agency to receive information of your behalf)</small>		
<p>Please nominate another contact person who is likely to know your whereabouts, in case the Department of Justice is unable to contact you. Information about the nature of the call will not be disclosed to this person unless you authorise for them to act as your nominee.</p> <p>Would you like this alternative contact person to act as your nominee and receive information on your behalf; (please circle) YES NO</p> <p><i>Please note: By answering YES to this question, you are instructing the CVSU to correspond with this person only. You (the Victim) will not be contacted directly.</i></p>		
Title (Mr, Mrs, Ms, Miss)	Date of Birth	
Surname	Given names	
Principal telephone number	Alternative phone (mobile/work)	
Previous names <small>(e.g. maiden name, change of name for privacy)</small>	Your relationship to the Victim	
Postal Address	State	Postcode
Street Address	State	Postcode
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you and Aboriginal and/or a Torres Strait Islander <input type="checkbox"/> Yes <input type="checkbox"/> No	
The person nominated here must agree to sign Section 7 on the last page regarding Confidentiality.		

6. Proof of Identity
<p>Every application must be accompanied by proof of the applicant's identity. Please indicate which document you have attached to this application (only <u>one</u> is required):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current Australian Drivers Licence <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Current Passport <input type="checkbox"/> Other (please specify) <p style="text-align: center;">Do not send originals, a clear readable copy will be sufficient.</p>

7. Confidentiality

You must sign this section.

I/We request that my/our details be entered onto the Victims Register, operated by the Crime Victims Services Unit, Department of Justice, until such time as I/we notify in writing that I/we wish my/our details to be removed.

I/We understand and accept that the information supplied through the Victims Register is confidential. I/We agree not to release this information for the purpose of public dissemination without approval from the Department. I/We agree not to use this information for any unlawful purpose which could cause harm or detriment to any person.

I/we understand and accept that if I/we choose not to provide my home address, or fail to advise of a change of address, that the Department may not be able to provide a complete service.

Please note that section 29 of the Victims of Crime Rights and Services Act 2006 provides for financial and/or imprisonment penalties for breaches of confidentiality.

Signature of Applicant: _____ Date: ____/____/____

Signature of Nominee: _____ Date: ____/____/____
(if required)

Please send the completed form to:

NT Victims Register Coordinator
Crime Victims Services Unit
Department of Justice
GPO Box 1722
DARWIN NT 0800

Please mark the envelope: "**Private and Confidential**"

If you have any questions about completing this form or the function of the Victims Register please phone the Crime Victims Services Unit (CVSU) on 1800 221 372 or email victims.register@nt.gov.au.

