

Youth Justice Victims Register

1 Victim's details

Surname

First name Title

Gender Male Female Date of birth (if victim under 15 years of age) / /

Name of person or persons with parental responsibility (if victim under 15 years of age)

Street number Street name:

Suburb State Postcode

Telephone: Home () Mobile

Email:

Cultural status:

Name and location of place of work or education:

Please tick one only: I am the primary victim of the offence and have suffered harm because of the offence *or* I was financially or psychologically dependent on the primary victim immediately before their death

2 Details of person acting on behalf of the victim (if appropriate)

Please tick one category: I have parental responsibility for a victim who is under 15 years of age *or* I have been nominated by the victim to act on their behalf

Surname

First name Title

Street number Street name:

Suburb State Postcode

Telephone: Home () Mobile

Email:

Relationship to victim:

3 Details of young offender and offence(s) (if known)

4 Information the victim wishes to have included on the register

5 Applicant's declaration and signature

- I request that my details be entered on the Youth Justice Victims Register as maintained by the Office for Children, Youth and Family Support, Department of Disability, Housing and Community Services.
- I understand that personal information provided by me is done so in confidence, but may be shared in certain limited circumstances if required or allowed by law or if there is a serious and imminent threat to the life of another person.
- I understand that in receiving information I become an information holder under section 843 of the *Children and Young People Act 2008* and understand that offences under chapter 25 of the *Children and Young People Act 2008* apply to the release of the information to another party (see attached Fact Sheet).
- I understand that any information that may be provided to me is at the discretion of the Chief Executive, DHCS or delegate(s).

Signature of victim or person acting on victim's behalf

Date

 / /

6 Proof of identity

When submitting this Registration Form please include a copy of one of the following documents relating to the victim as proof of their identity. Please tick the box indicating which form of identity will be submitted:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Driver's Licence | <input type="checkbox"/> Bank / financial institution card statement or passbook | <input type="checkbox"/> Medicare Card | <input type="checkbox"/> Other – letter from Australian Federal Police Informant <i>or</i> Victims Liaison officer, letter from Director of Public Prosecutions Witness Assistant |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Educational Certificate | <input type="checkbox"/> Proof of Age Card | |
| <input type="checkbox"/> Australian Passport | <input type="checkbox"/> Trade Certificate | <input type="checkbox"/> Overseas Passport | |
| <input type="checkbox"/> Citizenship Certificate | <input type="checkbox"/> PAYG Payment Summary | <input type="checkbox"/> Security Licence | |
| <input type="checkbox"/> Student ID card | | | |

If you would like advice on whether a document is suitable for proof of identity, please contact the Youth Justice Victims Register Administrator on the telephone numbers below.

7 Submission of registration form

Mail your completed form and proof of identity to Youth Justice Victims Register Administrator, Youth Justice Policy Team, Youth Directorate, Office for Children, Youth and Family Support, GPO Box 158, Canberra ACT 2601

8 Further information

If you have any questions about the Youth Justice Victims Register please call (02) 6207 0443 or (02) 6205 3568 or email YJVictimsRegister@act.gov.au



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