

# Certificate of Earnings

## Victims Support Scheme

This form is to be completed by an applicant's employer or their accountant if they're self-employed. This form is to assess an applicant's claim for loss of earnings under the Victims Support Scheme as a result of the violent crime or modern slavery.

### Part 1: Employer or accountant's details

#### 1. What is your relationship to the applicant?

Employer

Accountant

#### 2. Your details

First given name

Family name

Job title

### Part 2: Details of your business

Name of your organisation

ABN

Email

Street address

Suburb

State

Postcode

Country

Telephone

Web address

### Part 3: Details of the employee or client

Name of the employee or client

Date of birth of the employee or client

DAY / MONTH / YEAR

Date commenced employment or business (if self-employed)

DAY / MONTH / YEAR

Job title or position of the employee or client

#### 3. Type of employment

Full-time

Part-time

Casual

Contractor

Self-employed

#### 4. Please provide the dates your employee or client was unable to attend work as a result of the violent crime or modern slavery and the type(s) of leave taken for each period of absence.

Date from (dd/mm/yyyy)	Date to (dd/mm/yyyy)	Leave type: annual leave, sick leave, domestic and family violence leave, unpaid, or other (please specify).
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A.

B.

C.

D.

E.

### Part 3: Details of the employee or client (continued)

#### 5. Did the employee or client receive workers compensation for the period they could not work as a result of the violent crime or modern slavery?

Yes      No ► Go to **Part 4: Declaration.**

Name of the workers compensation insurer	Date from (dd/mm/yyyy)	Date to (dd/mm/yyyy)	Compensation amount
A.			\$
B.			\$
C.			\$

### Part 4: Declaration

I, (full name of the authorised officer of the business or registered accountant)

declare that the information provided in this form is true and correct. I understand that providing false or misleading information to the Commissioner of Victims Rights is an offence.

Date signed      /      /  
DAY      MONTH      YEAR

Authorised officer of the  
business or registered  
accountant's signature

### Contact Victims Services

📞 **Call** the Victims Access Line on **1800 633 063** or the Aboriginal Contact Line on **1800 019 123**

✉️ **Email** [vs@dcj.nsw.gov.au](mailto:vs@dcj.nsw.gov.au)

🌐 **Visit** [victimsservices.justice.nsw.gov.au](http://victimsservices.justice.nsw.gov.au)

If you have a hearing or speech impairment, call the National Relay Service on **13 36 77** (TTY) or **1300 555 727** (Speak and Listen).

If you need an interpreter, call the Translating and Interpreting Service on **13 14 50**.