

# Specialist Victims Support Service

## Specialist Victims Register registration form

**Client's details**

Title  Full name

Date of birth *(dd/mm/yyyy)*  Gender

Residential address

Postal address   
*(if preferred address for correspondence)*

Contacts  Landline  Mobile

Email address

Are you of Aboriginal or Torres Strait Islander origin?

No  Yes, Aboriginal  Yes, Torres Strait Islander

Are you from a culturally and linguistically diverse background?  Yes  No

Do you require an interpreter?  No  Yes ► *Preferred language*

Do you have specific needs, for example disability?

Name of Forensic Patient

Relationship to Forensic Patient *(if relevant)*

*If client has an existing Victims Services claim, please list here*

**Preferred contact**

Landline  Mobile

**Preferred time of contact**  
(between 9am and 5pm)

I agree the team can leave a voicemail if unable to make phone contact

Email  Post

If Family Victim  Victim's name  Relationship to victim

### Eligibility

A victim of an act of violence (primary victim), or a victim is who is a **family member** of a primary victim who died as a result of the act of violence (family victim).

**Family member** includes:

- The victim's spouse
- The victim's de-facto spouse, or same sex partner who has lived with the victim for at least two years
- A parent, step-parent or guardian of the victim
- A child or step-child of the victim, or other child of whom the victim was the guardian
- A brother, sister, half-brother, half-sister, step-brother or step-sister of the victim

The personal information relating to a victim that is provided to the Specialist Victims Support Service is confidential and cannot be disclosed to any other person or agency without the consent of the victim or unless required by law.

I understand that the team may need to contact me about any specific correspondence and/or request from the Mental Health Review Tribunal in relation to my registration.

I understand that to be registered on the Specialist Victims Register, the Mental Health Review Tribunal (the Tribunal) will be notified of my name and eligibility.

**If the team is informed of a serious risk to my safety posed from the Forensic Patient, I understand someone may contact me and may provide my details to the police.**

**In addition to the above, please notify me about:**

All Mental Health Review Tribunal (the Tribunal) hearings and outcomes for the Forensic Patient, **OR**

Tribunal hearings and outcomes **only** where **leave** or release is being considered or varied, **OR**

Tribunal outcomes **only** where **leave** or release is being considered or varied

**AND**

If a Forensic Patient escapes from custody or fails to return from leave resulting in the Tribunal issuing an order for the patient's apprehension

When the person's status as a Forensic Patient ends in relation to the act of violence against you or your loved one

**Please do not notify me about any of the above, except in the case of an emergency. I will contact you if I have any questions.**

As the applicant, the team will need to verify your identity by sighting an original document (ID can include Drivers Licence/Passport or any other photo ID). If this is difficult for you please contact our team to discuss further.

**Any information provided through the Victims Register is confidential, and I understand that I cannot share or publish this information.**

*Signature*

*Date signed*

*Thank you for completing the registration form. A member of our team will be in contact to discuss further.*

**Phone:** 1800 633 063 | **Email:** svss@justice.nsw.gov.au | **Post:** Locked Bag 5118, Parramatta NSW 2124

(VS • REV 08/2020)