

Claim for Loss of Earnings

Victims Support Scheme

Who can use this form?

You can use this form to claim up to \$20,000 for loss of earnings if you're:

- a person who has been injured as a direct result of an act of violence or modern slavery (**primary victim**)
- a parent, step-parent or guardian who is caring for a child who has been injured as a direct result of an act of violence or modern slavery.

If you're a **primary victim**, you can claim loss of earnings if:

- you would have had an income from employment during the period(s) you could not work, **and**
- you were required to take unpaid time off work as a direct result of the violent crime.

If you're a **parent, step-parent or guardian** of a child primary victim, you can claim loss of earnings if:

- you had to provide care as a direct result of the violent crime, **and**
- you lost actual earnings by caring for the child.

How is loss of earnings calculated?

Financial assistance for actual loss of earnings is calculated under section 37 of the *Workers Compensation Act 1987*. This weekly rate payable is indexed on 1 April and 1 October each year. This is the maximum weekly rate you can be paid under the Victims Support Scheme.

The weekly rate is made up of a base amount, plus an extra amount for any dependants.

Dependants may include your spouse, a de facto partner (a partner who has lived with you for 2 or more years), children, step-children, children for who you hold a guardianship order, or other family members who depend on you.

Any income you earn will be deducted from the maximum weekly rate. Your income includes payments from Centrelink, income protection insurance, workers compensation and paid leave from your employer.

For more information on the rates, visit the [State Insurance Regulatory Authority website](#).

How do I make a claim?

- 1 **Complete the Application for Support** and select the option to apply for financial assistance for loss of earnings. This form is available on the [Victims Services website](#).
If you have already applied for financial assistance for the same act of violence or modern slavery, you do not need to complete another application for support. You can provide the details of your existing application on this claim form.
- 2 **Complete this claim form.** If handwriting, please make sure your responses are written clearly and use BLOCK LETTERS.
- 3 **Use the checklist on page 4** to make sure you have given us all the information and documents we need. This includes a completed [Certificate of Earnings](#) or a letter from your employer or accountant. Unfortunately, if something is missing, we will not be able to accept your claim.
- 4 **Send your completed claim form and required documents** by uploading them to your online application, or by email or post. You will **also** need to provide a completed [Application for Support](#) if you do not have a current financial assistance claim with us.

Email: vs@dcj.nsw.gov.au

Post: Commissioner of Victims Rights
Victims Services
Department of Communities and Justice
Locked Bag 5118
Parramatta NSW 2124

Important information

If your claim for actual loss of earnings is approved, you cannot claim financial assistance for economic loss in relation to out-of-pocket expenses.

If you have already received financial assistance for out-of-pocket expenses, you can still claim for actual loss of earnings. However, if you have already received approval for out-of-pocket expenses, this amount will be deducted from any amount paid for actual loss of earnings.

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

🌐 **Visit** 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**.

This form is to be completed by the primary victim or parent, step-parent or guardian of a child primary victim applying for financial assistance for actual loss of earnings.

Part 1: Existing application for financial assistance

1. Are you submitting this form in relation to an existing application for financial assistance?

Yes ► Victims Services application reference number (if known)

Name(s) you have used when applying (if different from the name on this application)

If you don't know your Victims Services application reference number, please provide the type of violence, offender's full name and the date(s) of the incident(s). Please ensure the date(s) are the same as your existing application.

No ► You need to submit this form with a completed [Application for Support](#), which you can access on the [Victims Services website](#).

Part 2: Details of the person claiming loss of earnings

Please provide the details of the primary victim or parent, step-parent or guardian who is claiming loss of earnings.

2. Your details

Title First given name
Second given name(s) Family name
Gender Date of birth DAY / MONTH / YEAR

3. Your contact details

Email
Postal address
Suburb State Postcode Country
Primary contact number

Part 3: Employment details

4. Full name of your employer

5. Type of employment Full-time Part-time Casual Contractor Self-employed

6. Are you still employed?

Yes No ► Provide your last day of work with this employer DAY / MONTH / YEAR

7. Please provide the dates and reasons you could not work because of the violent crime or modern slavery.

Date from (dd/mm/yyyy)	Date to (dd/mm/yyyy)	Reason you could not attend work, for example, injury or illness, caring for a child, or another reason (please specify)
A.		
B.		
C.		
D.		
E.		

Part 4: Income received

8. Did you receive any income while you were unable to work? Yes No ► Go to **Part 5: Dependants.**

9. What type(s) of payments did you receive? Select all that apply.

Paid leave entitlements (from employer) Workers compensation Income protection insurance
Centrelink payments Other ► Please specify

i Please provide statements of the payments you received with your completed claim form.

Part 5: Dependants

10. Did you have dependants when you were unable to work? Yes No ► Go to **Part 6: Applicant's declaration.**

Please list each dependant, their date of birth and their relationship to you.

Name of dependant	Date of birth (dd/mm/yyyy)	Relationship to you
A.		
B.		
C.		
D.		
E.		
F.		

Part 6: Applicant's declaration

The information you provide on this form is very important to support your claim. If you would like to change the information that you have provided, please contact Victims Services. The applicant must declare the following to complete this form, unless they are under 18 years of age or otherwise lack the legal capacity to make the declaration.

If the applicant is under 18 years of age, or lacks the capacity to complete this form, then a parent, step-parent or guardian may agree to be bound by the declaration on the victim's behalf.

Declaration

I state the following:

- I declare that the information provided in this form is true and correct.
- I understand that by completing this form I am providing personal and health information to Victims Services, Department of Communities and Justice¹.
- I confirm that I have read and understood the Privacy Notice below and Applicant's declarations set out in the [Application for Support](#), and agree to the collection, use and sharing of information as outlined in the notice and declarations.
- I understand that giving false or misleading information is a serious offence and may adversely affect the outcome of my victims support application and/or lead to criminal and/or civil legal action against me.

I, (full name of applicant or parent/guardian)

make the declaration above on

DAY / MONTH / YEAR

Applicant's
signature

Privacy notice

The information that you give on this form is collected, used, held and disclosed by the Commissioner of Victims Rights¹ in accordance with the [Department of Communities and Justice's \(DCJ\) Privacy Policy](#) for the purpose of administering the Victims Support Scheme and related functions under the *Victims Rights and Support Act 2013*. It is important you understand your privacy rights. For full information on how DCJ handles your information, please call us on **1800 633 063** or visit the [DCJ website](#).

¹Victims Services, Department of Communities and Justice, Locked Bag 5118, Parramatta (vs@dcj.nsw.gov.au).

Checklist

Use the checklist to make sure you have provided all the required information and documents with your completed claim form. Unfortunately, if something is missing, we will not be able to accept your application.

Information and documents required for all applicants

A completed and signed **Application for Support**, or the details of your existing Application for Support on this claim form, including your Victims Services application reference number.

A **Certificate of Earnings**, available on the **Victims Services website**, completed by your employer or accountant (if self-employed), or a letter on company letterhead from your employer or accountant (if self-employed), confirming:

- the type of your employment: full-time, part-time, casual, contractor or self-employed
- the period(s) you were absent from work because of the violence
- the types of leave taken for each period of absence.

Payslips for the month immediately before the violence and for the period(s) you were unable to work due to the violence (not required for self-employed applicants).

Medical certificates or other evidence showing the dates you could not work due to the violence and the reason you could not work.

Statements showing other income you received when you could not work, such as Centrelink payments, workers compensation and income protection insurance.

If you're self-employed or have dependant(s), you will need to provide extra documents with your claim.

Self-employed applicants

Your last Notice of Assessment from the Australian Tax Office.

i If you have not received your Notice of Assessment, you may not be able to establish loss of earnings.

Bank statements showing your income in the 3-month period immediately before the violent crime.

Bank statements covering any period you could not work because of the violent crime.

Applicants with dependant(s)

At least one document that shows your relationship to your dependant(s), such as:

- a birth certificate
- a marriage certificate
- a relationship certificate
- a Medicare card
- a guardianship order
- a letter from Centrelink or any other government agency
- evidence a dependant child was a full-time student when you could not work (for children over 16 years and up to 21 years)
- documents that show you have a de facto partner who has been living with you for the previous 2 years, for example, a joint bank account statement or a joint lease agreement.

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