**NT Victims Register**

*Level 1 Darwin Central*

*21 Knuckey Street*

*DARWIN* NT 0800

**Postal Address**

GPO Box 1722

DARWIN NT 0801

**Freecall (NT Only)**  1800 460 363

**T** 08 8924 4080

**F** 08 8942 6831

**E** [victims.register@nt.gov.au](mailto:victims.register@nt.gov.au)

**Our ref:**

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.

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| **1. Details of the Victim** *\*IF YOU ARE NOT THE DIRECT VICTIM PLEASE COMPLETE SECTION 2 AS THE ‘CONCERNED PERSON’* | | | | |
| Title (Mr, Mrs, Ms, Miss) | | Date of Birth | | |
| Surname | | Given Names | | |
| Previous names (e.g. maiden name, change of name for privacy) | |  | | |
| Home Telephone Number | | Mobile Number | | |
| Email Address | | |  |  |
| Postal Address | | | State | Postcode |
| Street Address | | | State | Postcode |
| Gender  □ Male □ Female | Are you and Aboriginal and/or a Torres Strait Islander  □ Yes □ No | | | |

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| **2. Details of the Concerned Person** | | | | |
| Title (Mr, Mrs, Ms, Miss) | | Date of Birth | | |
| Surname | | Given Names | | |
| Previous names (e.g. maiden name, change of name for privacy) | |  | | |
| Your relationship to the Victim | | | | |
| Home Telephone Number | | Mobile Number | | |
| Email Address | | |  |  |
| Postal Address | | | State | Postcode |
| Street Address | | | State | Postcode |
| Gender  □ Male □ Female | Are you an Aboriginal and/or a Torres Strait Islander  □ Yes □ No | | | |

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| **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 |
| Gender  □ Male □ Female |

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| **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  Please add details of other offender(s), if any, on the back of this form or a separate sheet attached to this registration form. | | | Date of offence |
| Gender  □ Male □ Female |

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| **4. Nominee** *(Please only complete this section if you would like to nominate another person or agency to receive information of your behalf)* | | | | |
| 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.  Would you like this alternative contact person to act as your nominee and receive information on your behalf; (please circle) YES NO  *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.* | | | | |
| Title (Mr, Mrs, Ms, Miss) | | Date of Birth | | |
| Surname | | Given Names | | |
| Home or Work Telephone Number | | Mobile Number | | |
| Email Address | |  | | |
| Previous names (e.g. maiden name, change of name for privacy) | | Your relationship to the Victim | | |
| Postal Address | | | State | Postcode |
| Street Address | | | State | Postcode |
| Gender  □ Male □ Female | Are you and Aboriginal and/or a Torres Strait Islander  □ Yes □ No | | | |
| The person nominated here must agree to sign Section 7 on the last page regarding Confidentiality. | | | | |
| **5. Additional Information (If necessary)** | | | | |

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| **6. Proof of Identity** |
| Every application must be accompanied by proof of the applicant’s identity.  Please indicate which document you have attached to this application (only one is required): |
|  |
| □ Australian Drivers Licence |
| □ Birth Certificate |
| □ Current Passport |
| □ Other (please specify for example ID Card) |

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| **Do not send originals, a clear readable copy will be sufficient.** |

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| **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 The Attorney-General and 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 Australia wide free call 1800 221 372 or email victims.register@nt.gov.au.