



Application for Severe Injury Payment

Information regarding eligibility can be found by calling 1800 180 213 or at:
www.dhs.vic.gov.au/bushfireappeal

Email enquiries:
vicbushfireappealfund@dhs.vic.gov.au

If you are having trouble with providing proof of identity please discuss with a Department of Human Services representative on the above number.

When completed:

Post: Victorian Bushfire Appeal Fund
GPO Box 4057
Melbourne 3001

Fax: (03) 9092 1926

TO PROCEED WITH THIS APPLICATION YOU MUST SIGN THE STATUTORY DECLARATION AND PRIVACY STATEMENT ON PAGES 3 & 4

Applicant

Name:

Your permanent address:

Your current (temporary) address (if different from above):

Date of birth: / /

Contact details

Phone Number:

Mobile Phone Number:

Email address:

Identification: Driver's Licence Number..... Passport Number

Medicare Card Number Concession Card Number

Other
Provide Details:

*Please attach copies of identification for each person where available.

Please provide details of the hospital stay as a result of the 2009 Victorian bushfires:

Name of patient:

Name of hospital:

Date patient went into hospital: / /

Date patient left hospital: / /

Nature of the injury:

Evidence of hospital stay provided: Hospital Discharge Papers

Letter/Certificate from Hospital or General Practitioner

Other
Please provide details:

.....

* Please attach copies where available.

Applicant's Bank Details

Account Name:

Bank:

Branch:

BSB:

Account Number:

Quick checklist to assist you in completing these forms:

- Have you completed one form for each application?
- Have you attached the required evidence?
- Where no evidence is available, have you attached a statutory declaration?
- Has the statutory declaration been authorised?

Privacy Statement

I understand that:

- The Victorian Bushfire Appeal Fund is collecting information in this form for the purpose of determining my eligibility for financial assistance.
- This information will not be used for any other purpose other than determining eligibility and verifying that the information provided is true and correct.
- If I am unable to provide this information upon request, the Fund will be unable to process my application.
- The Fund may need to verify these details, and this may involve contacting health services, councils, insurance companies, employers, and government and non-government departments and agencies.
- I can request this information by contacting the Victorian Bushfire Appeal Fund.
- When I provide the Fund with information about other individuals, the Fund relies on me to make these individuals aware that such information will or may be provided to the Fund as part of the application process.
- The information may be cross-checked with other applications.

I agree with the stated purpose: YES NO

Name:

Signature:

Date: / /



Application for Severe Injury Payment Statutory Declaration

I,
[full name]

of
[address]

.....
[occupation]

do solemnly and sincerely declare that:

I acknowledge that this application is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

Declared at

in the State of Victoria, this

day of 2009.

.....
Signature of person making this declaration
[to be signed in front of an authorised witness]

Before me,
[Signature of authorised witness]

Name, address and title of authorised witness:
.....
.....

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