



Application for bushfire psychological counselling vouchers

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

When completed:

Post: Victorian Bushfire Appeal Fund
GPO Box 4057
Melbourne 3001

Fax: (03) 9092 1926

TO COMPLETE THIS APPLICATION YOU MUST SIGN THE DECLARATION AND THE PRIVACY STATEMENT ON PAGE 4

Primary applicant

Please note that if you are a parent/guardian only applying for vouchers on behalf of a minor then put their details as the primary applicant.

Name:

Your principal address:

Your postal address (if different from above):

Date of birth:

/ /

Gender:

Male

Female

Contact details

Phone number:

Mobile phone number:

Email address:

Proof of eligibility

Please select from the following categories to be eligible for the program. Note you may be eligible for more than one category.

1. Received grants paid by the Victorian Bushfire Appeal Fund
2. Registered with the Victorian Bushfire Case Management Service
3. Dependant child (over 5 years of age) of people eligible for the above
4. Other person directly affected by the Victorian bushfires. Please provide details:

Identification

You do not need to provide proof of identification if you meet eligibility categories 1 or 2. Only complete if you are eligible under 3 or 4.

- Driver's licence number: Passport number:
- Medicare card number: Concession card number:
- Other
Provide details:
.....

Additional applicants – Household family members

Complete below if there are additional family members in your household wishing to apply for vouchers. Additional applicants must sign the form. Parent/guardian must sign on behalf of minors. Separate applications may be made if preferred.

Additional applicant 1

Applicant's name	Date of birth	Gender (M/F)	Applicant's signature
	/ /		

You do not need to provide proof of identification if you meet eligibility categories 1 or 2. Only complete if you are eligible under 3 or 4.

- Driver's licence number: Passport number:
- Medicare card number: Concession card number:
- Other
Provide details:
.....

Additional applicant 2

Applicant's name	Date of birth	Gender (M/F)	Applicant's signature
	/ /		

You do not need to provide proof of identification if you meet eligibility categories 1 or 2. Only complete if you are eligible under 3 or 4.

- Driver's licence number: Passport number:
- Medicare card number: Concession card number:
- Other
Provide details:
.....

Additional applicant 3

Applicant's name	Date of birth	Gender (M/F)	Applicant's signature
	/ /		

You do not need to provide proof of identification if you meet eligibility categories 1 or 2. Only complete if you are eligible under 3 or 4.

- Driver's licence number: Passport number:
- Medicare card number: Concession card number:
- Other
Provide details:

Additional applicant 4

Applicant's name	Date of birth	Gender (M/F)	Applicant's signature
	/ /		

You do not need to provide proof of identification if you meet eligibility categories 1 or 2. Only complete if you are eligible under 3 or 4.

- Driver's licence number: Passport number:
- Medicare card number: Concession card number:
- Other
Provide details:

Additional applicant 5

Applicant's name	Date of birth	Gender (M/F)	Applicant's signature
	/ /		

You do not need to provide proof of identification if you meet eligibility categories 1 or 2. Only complete if you are eligible under 3 or 4.

- Driver's licence number: Passport number:
- Medicare card number: Concession card number:
- Other
Provide details:

Privacy statement

(To be signed by parent/guardian for minors)

I understand and consent that:

- The Victorian Bushfire Appeal Fund is collecting information for the purpose of determining my eligibility for the counselling vouchers.
- This information will not be used for any other purpose other than determining eligibility, administering the counselling voucher arrangements and verifying that the information provided is true and correct.
- If I am unable to provide the information requested on this form, the fund may be unable to process my application.
- The fund may need to verify these details, and this may involve contacting and sharing the personal information recorded on this form with health services, councils, insurance companies, employers, and government and non-government departments and agencies.
- I can request the information collected about me by contacting the Victorian Bushfire Appeal Fund.
- If a unique identifier (such as a number) has been allocated to me in relation to other bushfire-related services or other services provided to me by government entities, this identifier may be used in relation to my application for and use of the vouchers.
- If I provide the fund with information about other individuals, I undertake that each other person has understood and consented to me providing their information on the terms set out in this privacy statement, including access to their information, the purpose of collection and the potential use of unique identifiers. The Victorian Bushfire Appeal Fund will correspond separately with each applicant.
- The information may be cross-checked with other applications.

I agree with the stated purpose: YES NO

Name:

Signature:

Date: / /

Counselling voucher application declaration

(To be signed by parent/guardian for minors)

I acknowledge that this application is true and correct.

Name:

Signature:

Date: / /

Office Use Only

Application ID:

Signature of grants officer: Date: / /

Signature of approving officer: Date: / /