BEREAVEMENT PAYMENT SCHEME FOR THE LOSS OF A FOETUS AS A RESULT OF A THIRD-PARTY CRIMINAL ACT

APPLICATION FORM

Please email this completed application form to bereavement.scheme@justice.nsw.gov.au.

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| Applicant name\* | Click or tap here to enter text. |

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| Applicant email\* | Click or tap here to enter text. |

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| Applicant contact number | Click or tap here to enter text. |

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| If you are not the primary victim of the offence, the name of the primary victim (being the pregnant person harmed in the offence) and your relationship with the primary victim\* | Name of victimClick or tap here to enter text.Relationship to victimChoose an item.If other, please describe your relationship with the victimClick or tap here to enter text. |

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| A person has been charged under the Crimes Act with  | Choose an item. |

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| Name of the accused (if known)  | First name: Click or tap here to enter text.Surname: Click or tap here to enter text. |

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| Justicelink number or charge number\*  | Click or tap here to enter text. |

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| Bank details: BSB  | Click or tap here to enter text. |

\*Mandatory field

|  |  |
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| Bank details: Account Number | Click or tap here to enter text. |

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| Bank details: Account name | Click or tap here to enter text. |

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| Declaration\* | By clicking Submit, you consent to:* Personal information contained in this form being shared with relevant NSW Government agencies for the purposes of verifying this application;
* The Department of Communities and Justice collecting your personal information, or any other information relevant to the criminal offence, for the purpose of verifying this application;

All documents and information obtained by the Department of Communities and Justice for the purposes of processing an application made under this scheme will be treated as sensitive. |

\*Mandatory field