APPLICATION FOR COUNSELLING

Victims of Crime Assistance Tribunal

1) Tribunal reference number *(if known)*

2) Applicant's name

3) Applicant's address

4) Tribunal venue *(where application lodged)*

I REQUEST that the Victims of Crime Assistance Tribunal make an award for counselling expenses to assist me to recover from the effects of the act of violence detailed in my application to the Tribunal, and that the counselling be provided by:

5) Counsellor's name

6) Counsellor's address and contact details *(including ABN and name of business that is recorded against the ABN, address and telephone number)*

I ACKNOWLEDGE THAT:

7) I agree with the counselling plan set out in the counsellor's report filed in support of this application for counselling.

8) I have already attended _____ hours of counselling with the counsellor.
(insert number of hours)

9) I understand that after the first five hours of counselling, the Tribunal will usually only pay for counselling sessions that take place after an award of financial assistance for further counselling has been made by the Tribunal.

10) If, after the first five hours of counselling, I have further counselling before the Tribunal has awarded financial assistance for that counselling *(tick box for relevant clause)*:

a) ☐ I have agreed to pay the counsellor for that counselling.

b) ☐ My counsellor has agreed that I will not be charged for that counselling.

Note – if neither option (a) or (b) is marked, the applicant will be requested to file a new Application for Counselling, *causing delay in processing the application.*

Applicant's signature _____ Date _____

Counsellor's signature _____ Date _____