

Nominee form

You should use this form if you are nominating another person to apply to the Scheme on your behalf. The person you nominate can be anyone, including a friend, family member or lawyer.

The completed form should be returned to the Scheme by email: thescheme@justice.vic.gov.au

Why would you have a nominee?

You might choose to have a nominee because you want someone to talk with the Scheme on your behalf. This may be because you are unwell, are living with a disability, or find being reminded of your experience difficult.

Who should fill out this form?

The person applying to the Scheme and their nominee.

What does a nominee do?

A nominee acts on your behalf to help you with your application to the Scheme. It should be someone that you are comfortable sharing your experience of workplace harm with.

You can choose what this help looks like. It can include:

- Assistance to complete the Scheme's application form
- Receiving letters and communicating with the Scheme
- Giving the Scheme information about you, including updates about your contact details
- Accepting or declining an offer on your behalf.

What you might want to think about before choosing a nominee?

A nominee should be someone who will act in your best interest. They should protect your privacy and feel confident to liaise with the Scheme on your behalf.

If you would like to talk to the Scheme about choosing a nominee, please contact our support team for a free and confidential discussion.

Call: 1300 389 521, Monday to Friday 9am to 4.30pm (excluding public holidays)

Email: thescheme@justice.vic.gov.au



What documents do the nominee and I need to provide?

You need to provide us with a signed copy of the nominee form. The nominee also needs to provide a copy of their identification, such as a driver's license or passport.

Can I change my nominee?

You can change your nominee by contacting the Scheme and filling out a new nominee form.

Privacy Information for applicants and nominees

The Scheme is administered by the Department of Justice and Community Safety. It is independent of Victoria Police and at no time will any of the information you provide to us be shared with Victoria Police.

Your privacy is important and will be respected. We will only ask for information that is needed to confirm eligibility for the scheme and assess applications. The scheme will keep your personal information safe.

How to contact the scheme

Web: www.vic.gov.au/redress-police-employees

Call: 1300 389 521

Email: thescheme@justice.vic.gov.au

Open: Monday to Friday, 9am - 4.30pm (excluding public holidays)



Participant Information

Please complete the following information about yourself (the participant). In the next section, you will be required to complete information about your nominated person.

Date	
Application ID (leave this blank if you are not sure or have not yet been given an Application ID)	
Г	
First Name	
Middle Name	
-	
Surname	
-	
Date of Birth (please write this as DD/MM/YYYY)	





Nominate a person

Please complete the following information about your nominated person.

Name of the nominated person		
First Name		
Middle Name		
Surname		
Nominated person's date of Birth (please write this as DD/MM/YYYY)		
DD/IVIIVI/YYYY)		
Address of the nominated person		
What is their relationship to you?		





Nominee contact details

What is the nominated person's	☐ Same address as provided on page 4		
postal address?	☐ Different contact address:	,	
What is the nominee's phone number?			
What is the nominee's email?			
Preferred contact method:	□ Letter□ Email□ Phone Call□ SMS		
I would like my nominee to assist me with:			





Acceptance

Nomination	
I nominate	
	name of nominated person
	nated person to act on my behalf for the purposes of applying to the Restorative
Engagement an Signature:	nd Redress Scheme.
Signature.	
	signature of person making the nomination
Name:	
	name of person making the nomination
Date:	
Acceptance o	f nomination
Lagras ta ba th	an nominated narray
ragree to be tr	ne nominated person
Signature:	
Name:	
Date:	
Date.	
10/1	
Witness	
I am not the pe	erson being nominated and I confirm the identity of the person being nominated is the
person in the a	ttached identification.
Signature:	
Signature.	
NI	
Name:	
Date:	



