



Application Form

The Fiskville Redress Scheme has been established by the Victorian Government to acknowledge past harm and support people impacted by activities at the former Fiskville Training College site between 1971 and 2015.

The scheme is open to people who had prolonged exposure to toxic substances at the former Fiskville Training College site between 1971 and 2015.

It is important to include enough information in your application about your individual circumstances so we can assess it accurately.

Our support team is available to guide you through the application process and discuss information that may be required.

How to complete this application form

- Confirm that you have read the **Privacy Collection Notice** and agree to the collection and use of your personal information by the Department of Justice and Community Safety.
- Provide **personal information so we can identify you as the person applying** for the Fiskville Redress Scheme.
- **Describe your experiences at or in the vicinity of the former Fiskville Training College site.** This information will be used to assess your application for redress.
- **Describe the impact of your experiences at the former Fiskville Training College site on your health and well-being.** If further information is required, we will discuss with you on a case-by-case basis.
- When you have drafted your application, please email the form to the scheme at fiskville.info@justice.vic.gov.au or post a printed paper copy to:

Fiskville Redress Scheme
Department of Justice and Community Safety
PO Box 18217
Collins Street East VIC 8003

if you would like to contact our support team for a confidential discussion

Phone: 1300 315 198 9am-4:30pm Monday-Friday (excluding public holidays)

Email: Fiskville.info@justice.vic.gov.au

Privacy Collection Notice

Fiskville Redress Scheme

The privacy collection notice explains how the scheme will manage your information. The Department of Justice and Community Safety (the department) is committed to protecting your information in accordance with applicable privacy laws.

The law

The Privacy and Data Protection Act 2014

The Privacy and Data Protection Act 2014 (the Privacy Act) is the law that regulates how the Victorian Public Sector collects and handles personal and sensitive information.

Personal information is information or an opinion about an individual that can identify the individual.

Sensitive information is information about a living person's race or ethnicity, political opinions, religious or philosophical beliefs, sexual preferences or practices, criminal record or membership details, such as membership of a trade union.

The Privacy Act requires that the department complies with a number of obligations in the way it collects and handles personal and sensitive information about individuals. This includes the way that we collect, use, protect, store, access and share personal and sensitive information.

The department is required by law to have a policy on how it handles information. You can access the department's Information Privacy Policy.

The Health Records Act 2001

The Health Records Act 2001 (the Health Records Act) is the law that regulates how the public and private sector collects and handles health information.

Health information is information or an opinion about the physical, mental or psychological health of a person, a disability of a person, a person's wishes about the future provision of health services to them, or health services that are provided or will be provided to them, that is also personal information.

The Health Records Act requires that the department complies with the fair and responsible handling of health information.

There are consequences for not complying with the Privacy Act and the Health Records Act. We take our obligations under these laws very seriously.

Collection of your personal, sensitive and health information

We may collect personal and health information about you where it is reasonably necessary to perform our functions under the Fiskville Redress Scheme. You are not required to provide sensitive information in your application, and we may only collect this type of information with your consent, as indicated in the Acknowledgement in the application form.

The information we may collect through your application to the scheme may include:

- your name, contact information and date of birth
- information about your connection and experiences at or near the former Fiskville Training College. This could include information relating to your:
 - » employment or volunteering at the former Fiskville Training College site, including position or title, role and duties, employment arrangement
 - » training at the former Fiskville Training College site
 - » provision of service at the former Fiskville Training College site, including the type of service performed
 - » residence at or near the former Fiskville Training College site
 - » attendance or work at the Fiskville State School
 - » any other connection to the Fiskville Site

Privacy obligations require that strict protocols for viewing and handling these documents are complied with by every Fiskville Scheme employee. Information must only be accessed on a need-to-know basis by authorised department employees. Staff must not disclose a participant's information to any other party outside the Scheme without consent, unless otherwise required or authorised by law.

We may collect this information from you or from someone you nominate to assist you in making an application to the Fiskville Scheme.

We will not add your personal information to any mailing lists or disclose your personal information to any other party unless you consent to it, or unless it is required or authorised by law, or where disclosure is necessary to lessen or prevent a serious threat to a person's life, health or safety.

Use of your personal, sensitive and health information

We will use your personal, sensitive and health information for the purpose of assessing your application to the scheme. Your information will only be accessed on a need-to-know basis by authorised employees of the department.

If you choose not to provide all or part of the personal information that we request, we may not be able to provide you with services under the scheme that you would otherwise be eligible for.

We may use your de-identified information as part of an aggregated data set for the purposes of the scheme's service planning or design.

Accessing your personal, sensitive and health information

You can request access to personal, sensitive and health information the scheme holds about you at any time. If it comes to your attention that any personal, sensitive or health information the scheme holds about you is wrong, out of date or incomplete, you can request that it be corrected.

Your request can be made by emailing fiskville.info@justice.vic.gov.au

You can also make an application to the department's Freedom of Information Unit by calling 03 8684 0063 or in writing to GPO Box 4356, Melbourne VIC 3001.

Data security

All areas of the department have security measures to protect personal, sensitive and health information from misuse, loss, unauthorised access or disclosure.

The department stores information in accordance with policies aligned with the [Public Record Office Victoria](#) guidelines which set out how information is retained and securely disposed of.

Information security risks

We have policies, measures and employee training to protect the personal, sensitive and health information that we have under our control.

We take reasonable measures to protect your information, however, you should be aware that there are risks transmitting your information over the internet.

If you have concerns about providing your information over the internet, please contact the scheme.

Making a privacy complaint

The department is committed to resolving complaints about privacy in a timely, fair and reasonable way.

If you would like to complain about the way your personal, sensitive and health information has been handled, you can contact the scheme by emailing fiskville.info@justice.vic.gov.au

Alternatively, you can directly contact:

The Manager, Information Privacy Unit
Security Management, Assurance
Department of Justice and Community Safety
GPO Box 4356
MELBOURNE VIC 3001

Email: privacy@justice.vic.gov.au

Phone: (03) 8684 0178

If you are not satisfied with the outcome of your complaint, you can make a complaint to the Office of the Victorian Information Commissioner (OVIC). OVIC is an independent body that investigates complaints about possible privacy breaches made by the public sector. For more information, you can visit the [OVIC](#) website or call 1300 666 444.

You can also make a complaint to the Health Services Commissioner, who can resolve complaints about healthcare and the handling of health information in Victoria. For more information call 1300 582 113 or visit their website at <https://hcc.vic.gov.au/>

Acknowledgement

I understand that I am not required to provide sensitive information, as defined in this Privacy Collection Notice, in my application. However, should I elect to (for example, in describing an experience or the impact it has had on me and my health). I do so voluntarily and consent to the collection of this information by the department which may be used in consideration of my application.

I understand that I may revoke my consent at any time by contacting the department's Director, Redress Design and Delivery by emailing fiskville.info@justice.vic.gov.au

I have read the Scheme's Privacy Collection Notice and consent to the collection of sensitive information by the department if I chose to provide it which may be used in consideration of my application.

Your personal information

This information is required to identify you as the person applying for the Fiskville Redress Scheme and let us know how we can best work with you. You will need to provide certified copies of two documents that confirm your identity. Please contact the support team to discuss if required.

Q1 Your identity											
Title: <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other:											
First Name:				Middle Name:							
Surname:											
Previous names (if applicable):				Preferred name:							
Q2 Date of birth				D	D	M	M	Y	Y	Y	Y
Q3 Gender											
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Self-described <input type="checkbox"/> Prefer not to say											
Q4 Do you identify as one of the following											
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Prefer not to say <input type="checkbox"/> No											
Q5 Do you have a disability?											
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to say											
If yes, please briefly describe your disability:											
Q6 Preferred spoken language											
Q7 Your contact details											
Postal address:											
Email address:											
Telephone number:											
Q8 Preferred contact method				<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Post							
Q9 Would you like to appoint a nominee or support person to act for you or assist you with making an application?											
<input type="checkbox"/> Yes (If yes, please contact the scheme) <input type="checkbox"/> No											

Information about your connection to the former Fiskville Training College site

Information about your connection to the former Fiskville Training College site is required to assist us to assess your application for redress. You will be asked to describe and provide details about your connection to and experiences at the former Fiskville Training College site. If you have more than one connection to the site, please provide details in each relevant section.

Q10 What was your connection to the former Fiskville Training College site between 1 January 1971 and 26 March 2015?

(Tick all that apply. If you have more than one connection, you will need to answer questions for each relevant section)

- | | | |
|--|--------------------------|----------------------------------|
| Worked or volunteered at the former Fiskville Training College site | <input type="checkbox"/> | (Please go to Section A) |
| Trained at the former Fiskville Training College site | <input type="checkbox"/> | (Please go to Section B) |
| Provided a service at the former Fiskville Training College site | <input type="checkbox"/> | (Please go to Section C) |
| Long term residents and neighbours of the former Fiskville Training College site | <input type="checkbox"/> | (Please go to Section D) |
| Attended or worked at the Fiskville State School | <input type="checkbox"/> | (Please go to Section E) |
| Other connection to the former Fiskville Training College site | <input type="checkbox"/> | (Please go to Section F) |

Section A: Worked or volunteered at the former Fiskville Training College site

Only fill this section out if you worked or volunteered at the former Fiskville Training College site.

Q11 What was your position or title and the organisation you were associated with?

(If multiple roles, please specify all that apply, including the organisation and approximate duration for each role)

Q12 Please describe your role and duties undertaken at the former Fiskville Training College site.

Q13 What was your employment arrangement?

Full time Part time Other (specify below)

If you worked part time, please provide as much detail as possible about the arrangement including the approximate number of days/hours worked per week/month/year.

If other (e.g. Regional, Casual, Volunteer), please provide as much detail as possible about the arrangement including the approximate number of days/hours per week/month/year.

Q14 How many months or years did you work or volunteer at the former Fiskville Training College site?

- More than 3 months More than 12 months

Please provide as much detail as possible, including your start and finish dates (year and month if known).

Q15 While at the former Fiskville Training College, were you exposed to any of the following?

(Tick all that apply, then use the free text box to describe your experiences)

- | | | |
|---|---|--|
| <input type="checkbox"/> Hot fire training | <input type="checkbox"/> Toxic fumes | <input type="checkbox"/> Smoke |
| <input type="checkbox"/> Burning of toxic chemicals | <input type="checkbox"/> Contaminated water | <input type="checkbox"/> Contaminated soil |
| <input type="checkbox"/> Firefighting foam | <input type="checkbox"/> Other (please specify below) | <input type="checkbox"/> Unknown |

Please describe your experiences and how you may have been exposed (as indicated above). Additional space is provided at the end of the form if your answers require more space.

If we require further information or supporting documents, we will discuss this with you.

Section B: Attended training at the former Fiskville Training College site

Only fill this section out if you attended training at the former Fiskville Training College site.

Q16 Please indicate what type of training you attended at the former Fiskville Training College site between 1971 and 2015? (Please tick all that apply)

(If multiple roles, please specify all that apply, including the organisation and approximate duration for each role)

- CFA Recruit training – 13 weeks CFA Recruit training – 16 weeks CFA Recruit training – other
 CFA Progression training CFA Volunteer training Other (please specify)

Please provide as much detail as possible about each of the training sessions you attended, including the type of training (practical or theory) and duration of the training (include the date or year, if known).

Q17 Please estimate the cumulative total of the training you attended at the former Fiskville Training College site.

- More than 3 months More than 12 months

Q18 Did you stay in onsite accommodation whilst attending training at the former Fiskville Training College site?

- Yes (please specify below) No – day attendance only

If yes, please provide as much detail as possible about the arrangements for each training session attended (for example, stayed onsite for the full duration of the training, number of days, weekdays only, include the date and/or year if known).

Q19 While at the former Fiskville Training College, were you exposed to any of the following?

(Tick all that apply, then use the free text box to describe your experiences)

- | | | |
|---|---|--|
| <input type="checkbox"/> Hot fire training | <input type="checkbox"/> Toxic fumes | <input type="checkbox"/> Smoke |
| <input type="checkbox"/> Burning of toxic chemicals | <input type="checkbox"/> Contaminated water | <input type="checkbox"/> Contaminated soil |
| <input type="checkbox"/> Firefighting foam | <input type="checkbox"/> Other (please specify below) | <input type="checkbox"/> Unknown |

Please describe your experiences and how you may have been exposed (as indicated above). Additional space is provided at the end of the form if your answers require more space.

If we require further information or supporting documents, we will discuss this with you.

Section C: Provided a service at the former Fiskville Training College site

Only fill this section out only if you provided a service at the former Fiskville Training College site.

Q20 What service/s did you provide at the former Fiskville Training College site?

Please describe your role and duties undertaken at the former Fiskville Training College site. For example, cleaning, cooking, gardening.

Q21 What was the name/s of the entity you were associated with for the provision of services?

Please provide as much information as possible and include the ABN if known.

Q22 How often did you attend the former Fiskville Training College site to provide the service/s described above?

Daily Weekly Monthly Other

Please provide as much detail as possible about the arrangement and approximate days per week/month/year.

Q23 Please provide information about how long you provided the service to the former Fiskville Training College site and approximate duration you were in each role.

Please include the year/s and, if known, the month/s if known.

Q24 While you were providing a service at the former Fiskville Training College, were you exposed to any of the following?

(Tick all that apply, then use the free text box to describe your experiences)

- | | | |
|---|---|--|
| <input type="checkbox"/> Hot fire training | <input type="checkbox"/> Toxic fumes | <input type="checkbox"/> Smoke |
| <input type="checkbox"/> Burning of toxic chemicals | <input type="checkbox"/> Contaminated water | <input type="checkbox"/> Contaminated soil |
| <input type="checkbox"/> Firefighting foam | <input type="checkbox"/> Other (please specify below) | <input type="checkbox"/> Unknown |

Please describe your experiences and how you may have been exposed (as indicated above). Additional space is provided at the end of the form if your answers require more space.

If we require further information or supporting documents, we will discuss this with you.

Section D: Long-term residents and neighbours within the vicinity of the former Fiskville Training College site

Only fill in this section if you were a long-term resident or lived in the vicinity (up to 7 km radius) of the former Fiskville Training College site.

Q25 Were you a long-term resident at the former Fiskville Training College or did you live at a property neighbouring the site (up to 7 km radius) between 1971 and 2015?

- Long-term resident who lived on-site at the former Fiskville Training College site
- Person who lived in a property neighbouring the former Fiskville Training College site (up to 7 km radius)

Q26 What was your address when you lived within the area? (if multiple, please list)

Q27 How many years were you a long-term resident at, or a neighbour of, the former Fiskville Training College?

- 1 year Between 1-2 years More than 2 years

Please provide as much detail as possible, including the year/s and, if known, the month/s.

Q28 While you were living at or a neighbour of the former Fiskville Training College, were you exposed to any of the following?

(Tick all that apply, then use the free text box to describe your experiences)

- | | | |
|---|---|--|
| <input type="checkbox"/> Hot fire training | <input type="checkbox"/> Toxic fumes | <input type="checkbox"/> Smoke |
| <input type="checkbox"/> Burning of toxic chemicals | <input type="checkbox"/> Contaminated water | <input type="checkbox"/> Contaminated soil |
| <input type="checkbox"/> Firefighting foam | <input type="checkbox"/> Other (please specify below) | <input type="checkbox"/> Unknown |

Please describe your experiences and how you may have been exposed (as indicated above). Additional space is provided at the end of the form if your answers require more space.

If we require further information or supporting documents, we will discuss this with you.

Section E: Attended or worked at the Fiskville State School

Please fill this section out only if you attended or worked at the Fiskville State School.

Q29 What was your connection to the Fiskville State School?

Student Teacher Other (administrative/contracted staff)

Q30 How many years did you attend or work at the Fiskville State School?

Less than one school year One school year or more

Please provide as much detail as possible, including the year/s and, if known, first and last date of attendance, if known.

Q31 While at the Fiskville State School, were you exposed to any of the following?

(Tick all that apply, then use the free text box to describe your experiences)

- | | | |
|---|---|--|
| <input type="checkbox"/> Hot fire training | <input type="checkbox"/> Toxic fumes | <input type="checkbox"/> Smoke |
| <input type="checkbox"/> Burning of toxic chemicals | <input type="checkbox"/> Contaminated water | <input type="checkbox"/> Contaminated soil |
| <input type="checkbox"/> Firefighting foam | <input type="checkbox"/> Other (please specify below) | <input type="checkbox"/> Unknown |

Please describe your experiences and how you may have been exposed (as indicated above). Additional space is provided at the end of the form if your answers require more space.

If we require further information or supporting documents, we will discuss this with you.

Section F: Other connection to the former Fiskville Training College site

If you have any other connection to the former Fiskville Training College site please provide details in this section.

Q32 Were you at the former Fiskville Training College site for any other reason not specified above between 1 January 1971 and 26 March 2015?

Visiting friends or relatives Event/s Other

Please provide as much detail as possible about your reason for going to the former Fiskville Training College site, including activities, dates and time spent on the site, and over how many years.

Q33 While at the former Fiskville Training College, were you exposed to any of the following?

(Tick all that apply, then use the free text box to describe your experiences)

- | | | |
|---|---|--|
| <input type="checkbox"/> Hot fire training | <input type="checkbox"/> Toxic fumes | <input type="checkbox"/> Smoke |
| <input type="checkbox"/> Burning of toxic chemicals | <input type="checkbox"/> Contaminated water | <input type="checkbox"/> Contaminated soil |
| <input type="checkbox"/> Firefighting foam | <input type="checkbox"/> Other (please specify below) | <input type="checkbox"/> Unknown |

Please describe your experiences and how you may have been exposed (as indicated above). Additional space is provided at the end of the form if your answers require more space.

If we require further information or supporting documents, we will discuss this with you.

Information about the impact on your health and well-being

Information about the impact of your experiences at or within the vicinity of the former Fiskville Training College will assist us to assess your application. If we require more detailed information about your individual circumstances, we will discuss this with you on a case-by-case basis.

Please do not include medical documents in your application at this stage. If we require further information or supporting documents, we will discuss this with you.

Q34 Please describe the way in which these experiences have impacted your long-term health and wellbeing.

Please indicate if you have a diagnosed serious illness that you consider to be associated with your connection to the former Fiskville Training College site.

Your next steps

When you have drafted your application, please email the form to the scheme at fiskville.info@justice.vic.gov.au. Our support team will contact you to confirm your application has been received and to discuss next steps. If any further information is required we will discuss this with you.

Please do not include any supporting documents in your application at this stage.

Additional page



Additional page





