



Minors Application Form

The Victorian Government established the Fiskville Redress Scheme (the scheme) to acknowledge past harm and support people impacted by activities at the former Country Fire Authority (CFA) Training College at Fiskville between 1971 and 2015.

Can an application be made on behalf of a child or young person?

Yes, the scheme is open to people who had prolonged exposure to toxic substances at Fiskville. This includes children and young people aged under 18 years of age (minors).

Applications from minors must be made on their behalf by their nominated parent or guardian. The parent or guardian must complete the **Nominee Form**.

Mature minors, a young person aged 16 or 17 years, should be consulted as part of this application process if they have the capacity to be involved in decision making that affects them.

The application form should contain as much information as possible so that the scheme can accurately assess its eligibility for redress. Only one application can be received per person.

How to complete this application form

- Read the **Privacy Collection Notice** in this application form. Agree to the collection and use of the personal information by the Department of Justice and Community Safety by ticking the **Acknowledgment** box.
- Complete the **Personal Information** section of this application form.
- **Complete the following relevant sections of the application form regarding the minor's circumstances:**
 - Resident or lived neighbouring the Fiskville site
 - Attended the Fiskville State School
 - Other connections to Fiskville
 - Health and wellbeing.
- A **Nominee Form** must be completed by the parent or guardian of the minor.
- **Submit the draft application form** via email (fiskville.info@justice.vic.gov.au) or post a printed copy to Fiskville Redress Scheme, Department of Justice and Community Safety, PO Box 18217, Collins Street East, VIC 8003
- The scheme will require the following identity documents as part of the application process - **Certified copies of identity documents for the minor** (e.g. birth certificate & Medicare card)
- When the application form process is complete, **the parent or guardian will sign on behalf of the minor**. Mature minors will also be consulted as part of this process

For further information contact the scheme (note all contact with the scheme is confidential)

- Phone: 1300 315 198 (Monday to Friday, 9:00am to 4:30pm excluding public holiday)
- 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 from you where it is reasonably necessary to perform our functions under the Fiskville Redress Scheme. You are not required to provide sensitive information in the application, and we may only collect this type of information with your consent, as indicated in the

Acknowledgment in this application form.

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

- name, contact information and date of birth
- information about the connection and experiences at or near the former Fiskville Training College. This could include information relating to:
 - » 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 an applicant to the Fiskville Scheme or their nominee.

We will not add 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 personal, sensitive and health information

We will use personal, sensitive and health information for the purpose of assessing your application to the scheme. 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 services under the scheme that you would otherwise be eligible for.

We may use 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 any time. If it comes to your attention that any personal, sensitive or health information the scheme holds 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, unauthorized 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 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 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
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 the application. However, should I elect to do so voluntarily, I consent to the collection of this information by the department which may be used in consideration of the application. I understand that I may revoke my consent at any time by contacting the department 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.

Minor personal information

This information is required to identify the person applying to the Fiskville Redress Scheme. You will need to provide certified copies of 2 documents that confirm the minor's identity (e.g. birth certificate and Medicare card).

The minor's parent or guardian must also complete a separate Nominee Form and provide identify documents.

Q1 Minor identity											
Title: <input type="checkbox"/> Ms <input type="checkbox"/> Miss <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 they 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 they have a disability?											
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Prefer not to say											
If yes, please briefly describe the minor's disability:											
Q6 Preferred spoken language											
Q7 Parent/guardian application 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 If the applicant is a mature minor (16 or 17 years) have they been consulted about the application?											
<input type="checkbox"/> Yes <input type="checkbox"/> No											

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

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

Q10 Was the minor a long-term resident at the former Fiskville Training College or lived 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)

Q11 What was the address when the minor lived within the area? (if multiple, please list)

Q12 How many years was the minor 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.

Q13 While the minor was living at or a neighbour of the former Fiskville Training College, were they 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 the minor's experiences and how they may have been exposed (as indicated above). Additional space is provided at the end of the form if your answers require more space or material can be attached.

If we require further information or supporting documents, we will discuss this with the minor's parent or guardian.

Section: Attended the Fiskville State School

Please fill this section out only if the minor attended the Fiskville State School.

Q14 What was the minor's connection to the Fiskville State School?

☐ Student ☐ Visitor ☐ Other

Q15 How many years did they attend 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 first and last date of attendance, if known.

Q16 While at the Fiskville State School, were they 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 the minor's experiences and how they may have been exposed (as indicated above). Additional space is provided at the end of the form if your answers require more space or material can be attached.

If we require further information or supporting documents, we will discuss this with the minor's parent or guardian.

Section: Other connection to the former Fiskville Training College site

If the minor has another connection to the Fiskville Training College site please provide details in this section.

Q17 Was the minor at the 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 the minor's reason for going to the former Fiskville Training College site, including activities, dates and time spent on the site, and over how many years.

Q18 While at the former Fiskville Training College, was the minor exposed to any of the following?

(Tick all that apply, then use the free text box to describe the minor's 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 the minor's experiences and how they may have been exposed (as indicated above). Additional space is provided at the end of the form if answers require more space.

If any further information is required we will discuss this with the minor's parent or guardian .

Information about the impact on the minor's health and wellbeing

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

Please do not include medical documents in the minor's application at this stage. If we require further information or supporting documents, we will discuss this with the minor's parent or guardian.

Q19 Please describe the way in which these experiences have impacted the minor's long-term health and wellbeing.

Please indicate if the minor has a diagnosed serious illness that they/you consider to be associated with the connection to the former Fiskville Training College site.

Next steps

When you have drafted the application, please email the form to the scheme at fiskville.info@justice.vic.gov.au. Our team will contact the minor's parent or guardian to confirm the application has been received and to discuss next steps. If any further information is required we will discuss this with the minor's parent or guardian. Please do not include any supporting documents in your application at this stage.



Fiskville
Redress
Scheme



