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](mailto: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 victim  Click or tap here to enter text.  Relationship to victim  Choose an item.  If other, please describe your relationship with the victim  Click 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