



Victim Notification Register Application Form

Please complete all sections of this form with as much detail as possible. If there are any questions you can't answer, please leave them blank.

PERSONAL INFORMATION

Title	<input type="text"/>	Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
First name	<input type="text"/>	Last name	<input type="text"/>
Home address	<input type="text"/>	Postcode	<input type="text"/>
Postal address	<input type="text"/>	Postcode	<input type="text"/>
Mobile number	<input type="text"/>	Home number	<input type="text"/>
Work number	<input type="text"/>	Email	<input type="text"/>

OFFENDER INFORMATION

Offender name	<input type="text"/>	Offender name	<input type="text"/>
Offender name	<input type="text"/>	Offender name	<input type="text"/>
Is the offender in custody?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Next court appearance date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Type of offence	<input type="text"/>		
Date of offence	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Location of offence	<input type="text"/>

REQUEST FOR AN AGENT

You can request that VNR give information to another person or agency on your behalf, rather than you receiving the information from us directly. If you wish to nominate another person or agency to act as your agent, fill in the details below.

LEAVE BLANK IF YOU DO NOT WANT AN AGENT.

Title	<input type="text"/>	Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
First name	<input type="text"/>	Last name	<input type="text"/>
Agency name (if applicable)	<input type="text"/>		
Home address	<input type="text"/>	Postcode	<input type="text"/>
Postal address	<input type="text"/>	Postcode	<input type="text"/>
Mobile number	<input type="text"/>	Home number	<input type="text"/>
Work number	<input type="text"/>	Email	<input type="text"/>

PREFERRED MEANS OF COMMUNICATION

The VNR will normally communicate with you in writing. Please choose the appropriate box below to indicate your preferred way of receiving the information from VNR.

Preferred way to be contacted Postal delivery Email

Would you like to discuss this application with a VNR officer
Yes No

Do you need an interpreter to communicate with us
Yes No

It is very important that you notify VNR of any changes to your contact details.

Do you identify as Aboriginal or Torres Strait Islander
Yes No

If yes, which language

ALTERNATIVE CONTACT PERSON

You have the option of nominating an alternative contact person in case VNR is not able to contact you. We suggest you consider nominating someone who knows about your situation as a victim of crime and who is likely to know where you are.

Title	<input type="text"/>	Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
First name	<input type="text"/>	Last name	<input type="text"/>
Home address	<input type="text"/>	Postcode	<input type="text"/>
Postal address	<input type="text"/>	Postcode	<input type="text"/>
Mobile number	<input type="text"/>	Home number	<input type="text"/>
Work number	<input type="text"/>	Email	<input type="text"/>

PROVISION OF CONTACT DETAILS TO COMMISSIONER FOR VICTIMS OF CRIME (CVOC)

Occasionally, CVOC may request the contact details of victims of crime registered with VNR. Please indicate if you consent for this to happen if CVOC wants to contact you directly.

Yes No

DECLARATION

I, _____ request my details be entered on to the Victim Notification Register operated by the Western Australian Department of Justice. I understand and accept that the information supplied through the Victim Notification Register is confidential and I agree not to release the information for public dissemination. I agree not to use this information for any unlawful purpose that could cause harm or detriment to any person. I understand and accept that if I choose not to disclose my home address or fail to advise of a change of contact details, that the Victim Notification Register may not be able to provide a complete service to me.

I understand that legislation restricts the type of information that may be provided, including that which may identify a young offender.

I understand that where the responsibility for the management of the offender is not with the Department of Justice, they are not able to release the information to me.

I agree that information supplied to the Department of Justice may be provided to the WA Police Force to verify that I am eligible to receive information, and as is necessary any time to contribute to my personal security.

I authorise the Department of Justice to divulge information to my nominated agent (if applicable).

Signature of Applicant

Date: / /

**Email this application to vnr@justice.wa.gov.au or post to:
Victim Notification Register Level 10, Golden Square, 32 St Georges Terrace, Perth WA 6000**