



## Application for Additional Bushfire Psychological Counselling Vouchers

This application form is to be used by individuals seeking a second round of six counselling vouchers.

Additional application forms and information regarding the program can be found at [www.dhs.vic.gov.au/bushfireappeal](http://www.dhs.vic.gov.au/bushfireappeal) or by calling 1800 180 213.

### When completed:

**Post:** Victorian Bushfire Appeal Fund  
GPO Box 4057  
Melbourne 3001

**Fax:** (03) 9092 1926

**TO COMPLETE THIS APPLICATION YOU MUST SIGN THE DECLARATION AND THE PRIVACY STATEMENT ON PAGE 2**

### Primary Applicant

Please note that if you are a parent/guardian applying for vouchers on behalf of a minor (over 5 years of age) put in their details as the primary applicant.

Name: \_\_\_\_\_

Your principal address: \_\_\_\_\_

Your postal address (if different from above): \_\_\_\_\_

Date of birth:     /     /

Gender:    Male        Female

Phone number: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

Email address \_\_\_\_\_

**Declaration by Applicant** (To be signed by a parent/ guardian for minors)

I have used all of my initial six counselling vouchers, and acknowledge that this application is true and correct.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:     /     /

**Privacy Statement**

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I understand and consent that:

The Victorian Bushfire Appeal Fund is collecting information for the purpose of determining my eligibility for the counselling vouchers.

- This information will not be used for any other purpose other than determining eligibility, administering the counselling voucher arrangements and verifying that the information provided is true and correct.
- If I am unable to provide the information requested on this form, the fund may be unable to process my application.
- The fund may need to verify these details, and this may involve contacting and sharing the personal information recorded on this form with health services, councils, insurance companies, employers, and government and non-government departments and agencies.
- I can request the information collected about me by contacting the Victorian Bushfire Appeal Fund.
- If a unique identifier (such as a number) has been allocated to me in relation to other bushfire-related services or other services provided to me by government entities, this identifier may be used in relation to my application for and use of the vouchers.
- If I provide the fund with information about other individuals, I undertake that each other person has understood and consented to me providing their information on the terms set out in this privacy statement, including access to their information, the purpose of collection and the potential use of unique identifiers. The Victorian Bushfire Appeal Fund will correspond separately with each applicant.
- The information may be cross-checked with other applications.

I agree with the stated purpose:                   YES           NO

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:     /     /

Application ID: _____	
Signature of Grants Officer: _____	Date:     /     /
Signature of Approving Officer: _____	Date:     /     /