Queensland Corrective Services Victims Register

Application to register

What is the Register?

The Queensland Corrective Services (QCS) Victims Register is an information service established to provide certain information to victims of violent and sexual crimes about the person who offended against them.

Who can register?

To be eligible to apply for registration, you must be:

- the actual victim of an offence of violence or sexual offence
- an immediate family member (meaning a victim's spouse, child, step-child, parent, step-parent, sibling, grandparent or legal guardian) of a deceased victim of a violent or sexual offence
- a parent or guardian of a victim who has a legal incapacity or who is under 18 years.

In certain circumstances, a person who does not meet these criteria may apply for registration. These circumstances include where a person can demonstrate:

- a documented history of violence being committed against them by an offender or
- that their life or physical safety may be endangered due to a connection to the offence for which an offender has been imprisoned.

Applications submitted under this category will only be considered in certain circumstances. Information provided to applicants registered under this category may be limited.

What information may be provided?

Information will only be provided about an offender who is serving a current custodial sentence or is under supervision in the community for an offence committed against you or against the person for whom you are registered.

Information that may be provided to an eligible person includes an offender's eligibility and release dates, the correctional centre in which an offender is incarcerated, the results of applications for parole and any exceptional events relating to an offender, such as escape or death.

If an offender lodges an application for parole, registered victims will be notified that they may make a written submission to the Parole Board about the offender's potential release.

Privacy notice

This application form is provided in accordance with the *Corrective Services Act 2006* Section 320-325. QCS collects the information provided in your application form in order to establish your eligibility to register with the QCS Victims Register and for the following purposes:

- to enable the Department to provide certain information relating to the status of the offender(s) against whom you have registered with the Victims Register, and
- to enable the Department to discharge its legislative, accountability and administrative function.

The QCS Victims Register will store your information securely. QCS will not disclose your personal information without your consent to the extent that it can be legally refused or unless we are satisfied on reasonable grounds that the disclosure is necessary to lessen or prevent a serious threat to your life or safety or is required by law. The offender(s) will not be informed of your registration.

Does the information provided to me need to remain confidential?

All information provided by the QCS Victims Register must be treated confidentially. Information from the Victims Register must not be disclosed for public dissemination by either the eligible person or their nominee. Disclosure of this information publicly may result in deactivation of your registration and other penalties as described in s341 of the CSA 2006, including up to 2 years imprisonment.

How long does my registration remain current?

A registration will usually remain current until an offender has completed his or her sentence. There are other circumstances where a victim may be removed from the Victims Register, including where:

- the victim requests to be removed;
- the offender dies in custody or in the community;
- the offender is transferred interstate or overseas;
- the victim discloses, for public dissemination, any offender information released to them by the Victims Register; and
- the register is unable, after making reasonable efforts, to contact the eligible person.

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How do I apply for registration?

A person who wishes to apply for registration must complete the Form 49 Application to register, which is attached to this information sheet, sign the form and acknowledge all the conditions of registration on the form.

Completed applications should be posted to the address provided.

What happens after I submit my Application to register?

Your application and the supporting documentation will be assessed against several criteria. It is your responsibility to provide documentation in support of your application. Staff may seek further information or clarification from the Office of the Director of Public Prosecutions, the Queensland Police Service or the Magistrates Court. An assessment will also be made about whether providing this information may affect the safety and security of QCS facilities, staff, offenders and other persons.

Once your application has been processed, you will be advised if your application is successful. If you are registered, your initial letter will provide information about the offender's sentence, date for release and the correctional centre in which the offender is incarcerated. If you are ineligible for registration, you will be provided with the reasons why your application was unsuccessful.

If you are registered, the Victims Register will write to you and advise you of changes in the prisoner/offenders circumstances. It is important to note that you will be advised of a change after it has taken place.

Where can I get more information about the Victims Register?

You can log onto the Queensland Corrective Services website at: www.correctiveservices.qld.gov.au

You can contact the Queensland Corrective Services Victims Register on the following:

Free call:	1800 098 098
Email:	Victims.Register@qcs.qld.gov.au
Mail:	Victims Register Queensland Corrective Services GPO Box 1054 Brisbane QLD 4001

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CONFIDENTIAL

Form 49

Application to Register with the Queensland Corrective Services Victims Register

Version 3

Corrective Services Act 2006 (ss.320-321)

Office use only	
Verified ☐ ODPP ☐ Other	
Please sign here to verify that the person in section 1 or 3 is the actual victim of the offender	
Sign	
Date	
Details	

Please note – this form has 8 sections. Please complete all sections relevant to you.

1. Details of the person wishing to apply for registration

Title:	☐ Mr ☐ Mrs ☐ Miss ☐ Ms		
Given name/s:			
Surname:			
Date of birth:	DD / MM / YYYY		
Do you identify yourself as:	☐ Aboriginal ☐ Torres Strait Islander		
Is English your second language:	☐ Yes ☐ No please specify language		
I have an impairment which may mean I need special assistance dealing with Victims Register Staff			☐ Yes ☐ No
If yes, please specify:			
Email address:			
Daytime telephone number:	( )	**Mobile/alternative number:**	( )
Residential address	Unit/building no.	Street no	Street name
	Suburb/Town/City	State	Postcode
Postal address	Unit/building no.	Street no	Street name
	Suburb/Town/City	State	Postcode

2. Details of offender and offence

Please note that the Victims Register is only able to register you if the offender who committed an offence against you is in custody because he or she has been convicted of committing the offence and sentenced to a term of imprisonment.

Offender 1 (provide as much information as is known)	
Given name/s:	
Surname:	
Date of birth:	DD / MM / YYYY
Offence/s:	
Date of offence/s:	
Investigating police officer/station:	
Sentence:	
Date of sentence:	

Offender 2 (provide as much information as is known)	
Given name/s:	
Surname:	
Date of birth:	DD / MM / YYYY
Offence/s:	
Date of offence/s:	
Investigating police officer/station:	
Sentence:	
Date of sentence:	

***If there are more than 2 offenders, please attach a separate sheet/s**

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3. Eligibility for registration

From the options below, please tick the box that applies to you and complete the relevant details for that section.

Category A	
You have had a criminal act of violence or a sexual offence committed against you (CSA s320(2)(A))	☐ **Go to Section 5**

Category B	
You are an immediate family member of a deceased victim of a criminal act of violence committed against them (CSA s320(2)(B))	☐ Yes ☐ No
You are the parent or guardian of a victim of an offence of violence or sexual offence who is under 18 years of age or who has a legal incapacity (CSA s320(2)(C))	☐ Yes ☐ No
Victims details	
Name of victim	
Date of birth of victim	
What is your relationship to the victim? (eg. are you the victim's mother, father, husband, wife, child, sibling etc). Please attach a certified copy of any documentation which provides evidence of your relationship to the victim e.g Marriage Certificate, Birth Certificate etc.	

Go To Section 5

Category C	
You can demonstrate a documented history of domestic violence being committed against you by the offender (CSA s320(2)(D)(i))	☐ Yes ☐ No
You can demonstrate a substantial connection to the offence for which an offender is serving a sentence of imprisonment and believe that your safety may be in jeopardy because of this connection (CSA s320(2)(D)(ii))	☐ Yes ☐ No
What is your relationship to the offender?	
Were you a witness for the prosecution in the trial of the offender for which the offender is currently serving a term of imprisonment? (CSA a320(2)(d)(iii))	☐ Yes ☐ No

To be considered for registration under Category C, you **must** attach certified documentary evidence to support your application, for example:

- a current Domestic Violence Order
- a statutory declaration made by you and witnessed by another person, who is one of the following:
  - Justice of the Peace
  - barrister/solicitor
  - conveyancer
  - Commissioner for Declarations

Important note

Applications made under Category C will be considered on a case-by-case basis. If you are registered under this category, information provided to you may be limited to the actual release date of an offender, their current location and if they are granted parole.

4. Nominee

Please only complete this section if you would like to nominate another person or agency to receive information on your behalf. You can request that the Register provide information directly to you, or you can nominate another person or agency to receive information on your behalf. If you nominate another person, the Register will correspond only with the person that you have nominated and you will have no further contact from the Register until you advise otherwise.

Title:	☐ Mr ☐ Mrs ☐ Miss ☐ Ms		
Given name/s:			
Surname:			
Relationship to victim:			
Date of birth:	DD / MM / YYYY		
Daytime telephone number:	( )	Mobile/alternative number:	( )
Email address:			
Postal address:	Unit/building no. Street no Street name		
	Suburb/Town/City State Postcode		
Please note that a nominee must sign the declaration section on the next page.			

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5. Prisoner/offender contact

Do you have contact with the prisoner/offender of concern	☐ Yes ☐ No

If **yes**, under what circumstances:

6. Declaration

Please note that the Victims Register will be unable to process your application if the declaration is not signed by you and your nominee (if applicable) or if certified identification documentation is not provided.

Applicant's declaration

(Please tick each box to demonstrate your acceptance of these conditions)

☐ I request that my details be entered into the Victims Register, operated by Queensland Corrective Services.

☐ I understand and accept that the information provided by Queensland Corrective Services is confidential and I agree not to release this 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 that misuse of the information provided to me by Queensland Corrective Services may result in my details being removed from the Register.

☐ I understand that if I choose not to provide my contact details, or fail to advise a change of address, Queensland Corrective Services may not be able to provide the service to me and my details may be removed from the Register.

Applicants who have nominated another person or agency to receive information on their behalf should also complete the following:

☐ I authorise Queensland Corrective Services to provide information to my nominated agent (if applicable) and understand that the nominee will receive correspondence instead of me.

Name or mark of applicant	
Date	

Nominee's declaration (if applicable)

(The nominee should tick each box to demonstrate acceptance of these conditions)

☐ I understand that the applicant named above has nominated me to receive information from Queensland Corrective Services on the applicant's behalf.

☐ I understand and accept that the information provided by Queensland Corrective Services is confidential and I agree not to release this 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 that misuse of the information provided to me by Queensland Corrective Services may result in my details being removed from the Register.

Name or mark of nominee	
Date	

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7. Proof of identity

IMPORTANT
Every application must be accompanied by certified proof of the applicant's identity, certified by a solicitor/barrister, Justice of the Peace or Commissioner for Declarations.

Please indicate which document you have attached (note, only one is required):

☐ Current Australian Driver's Licence ☐ Birth Certificate ☐ Current Passport

☐ Other (eg. Statutory Declaration, Health Care Card, 18 Plus card, Indigenous community organisation). Please specify:

Please do not send original documents. Please send only copies

8. Document checklist

For your application to be considered, please ensure that you have completed the necessary sections and attached all relevant documentation as outlined in the checklist:

☐ If you are applying under Category A, have you attached a certified copy of a proof of identity document for yourself?

☐ If you are applying under Category B, have you attached a certified proof of identity document and a document that evidences your relationship to the victim?

☐ If you are applying under Category C, have you attached a certified document that supports your application (for example, a current domestic violence order or a Statutory Declaration)?

☐ Have you understood and signed the applicant's declaration?

☐ If you have nominated another person or agency to receive information on your behalf, has the nominee understood and signed the nominee's declaration?

This application form is provided in accordance with *Corrective Services Act 2006* Section 320-325.

Queensland Corrective Services collects the information provided in this application form for the following purposes:

- to enable the Department to provide certain information relating to the status of the offender(s) against whom you have registered with the Victims Register, and
- to enable the Department to discharge its legislative, accountability and administrative function.

The QCS Victims Register will store your information securely. The offender(s) will not be informed of your registration.

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OFFICE USE ONLY

CSA s 320 (2) a,b, and c (Category A and B)

☐ Name, address, age validated

☐ Victim status verified by DPP, Police, Transcript etc. or

☐ Victim status verified by other means including supporting documentation

☐ Signed by applicant.

☐ Proof of identity included. ☐ Certified

☐ Nominee identify included and signed.

☐ Other: Collateral check - Internal/External

☐ Information to be received

☐ Registration approved ☐ Not approved **Reason**

Delegated officer

CSA s 320 (2) (d) Category C or prisoner/offender

☐ Name, address, age validated

☐ Verified by supporting documentation **Type**

☐ Victim status verified by other means.

☐ Signed by applicant.

☐ Proof of identity included. ☐ Certified

☐ Nominee identify included and signed.

☐ Other: Collateral check - Internal/External

☐ Information to be received

☐ Registration approved ☐ Not approved **Reason**

Senior delegated officer

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