



## APPLICATION FOR COMPENSATION

Please complete **all** sections of this form and **enter N/A** in any section that is not applicable to indicate that the question has been considered and completed.

Please email this application to [litigation@dewr.gov.au](mailto:litigation@dewr.gov.au); or

Mail to:  
Department of Employment and Workplace Relations  
Attention: Legal and Assurance Division  
GPO Box 9828  
CANBERRA ACT 2601 Australia

### Section 1: Personal details

1. Your title (please circle one): **Mr / Mrs / Ms / other** \_\_\_\_\_

2. Your surname (family name)

3. Your given name(s)

4. Date of birth

5. Residential address

|        |           |
|--------|-----------|
|        |           |
| State: | Postcode: |

6. Postal address (if same as residential address, write 'as above')

|        |           |
|--------|-----------|
|        |           |
| State: | Postcode: |

7. Contact details

|                    |                    |               |
|--------------------|--------------------|---------------|
| Home phone:<br>( ) | Work phone:<br>( ) | Mobile phone: |
| Email address:     |                    |               |

## Section 2: Application details

1. How do you consider the Department of Employment and Workplace Relations' actions or advice were wrong or defective? You should outline the events and circumstances which you consider contributed to your claim. *Please attach any available supporting documents. If there is insufficient space, please attach a separate document.*

2. What loss or detriment have you suffered? *Please attach any available supporting documents. If there is insufficient space, please attach a separate document.*

3. What is the total amount of compensation you are seeking for this loss or detriment?

\$

4. How is this amount calculated? *Please attach any available supporting documents (e.g. medical bills). If there is insufficient space, please attach a separate document.*

| DESCRIPTION OF CLAIMED ITEM | AMOUNT |
|-----------------------------|--------|
|                             | \$     |
|                             | \$     |
|                             | \$     |
|                             | \$     |
|                             | \$     |

5. How have the Department of Employment and Workplace Relations' actions or advice directly caused your loss or detriment suffered? *Please attach any available supporting documents. If there is insufficient space, please attach a separate document.*

6. What action have you taken to resolve this matter (for example, review by agency, Ombudsman, Courts, Tribunals)? What is the status/outcome of these actions?

## Section 3: Other details and declaration

### Other details

1. Are there any other factors that you believe are important and have not yet been mentioned in this application? If so, please provide details and attach any available supporting documents.

### Additional information

Please note that CDDA payments may be taxable. Please contact [the Australian Taxation Office](#) or seek independent financial advice to determine your own circumstances.

For more information on the CDDA Scheme, visit the [Department of Finance's website](#).

Please keep a copy of your completed claim form and any supporting documents for your records as we are unable to return them to you.

### Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988* (Cth) (Privacy Act). Personal information includes your name, date of birth, contact details, and details of your personal circumstances. Certain information that you provide may be considered 'sensitive information' under the Privacy Act, such as details of medical conditions or disabilities.

The personal information (including sensitive information) you provide on this form is collected by the Department of Employment and Workplace Relations (Department) for the purposes of processing your compensation claim. If you do not provide some or all of the information required, the Department may not be able to assess your claim, and may not be able to provide a suitable level of assistance with your claim. The Department may also collect your personal information from third parties, including other Commonwealth agencies and contracted service providers, for the purposes of processing your claim.

The Department may disclose your personal information (including sensitive information) to other Commonwealth agencies, including the Department of Finance, the Commonwealth Ombudsman, relevant Commonwealth Ministers and to contracted service providers as part of processing your compensation claim. Your personal information may be disclosed to other parties where you have agreed, or where it is otherwise permitted, such as where it is required or authorised by or under an Australian law.

Your personal information (including sensitive information) may also be used by the Department for quality assurance, auditing, investigation, reporting, research, survey, evaluation and analysis purposes.

The Department's Privacy Policy contains more information about the way in which we will manage your personal information, including information about how you may access your personal information held by the Department and seek correction of such information. The Privacy Policy also contains information on how you can complain about a breach of the APPs and how the Department will deal with such a complaint. A copy of the Department's Privacy Policy can be found at <http://www.dewr.gov.au/privacy> or by requesting a copy from the Department via email at [privacy@dewr.gov.au](mailto:privacy@dewr.gov.au).

## **Declaration and authorisation**

I declare that to the best of my knowledge and belief, the information that I have supplied in or attached to this application is accurate and true, and that all relevant information has been included.

I acknowledge that I have read and understood the privacy notice above.

I understand that giving false or misleading information is a serious offence under section 137 of the *Criminal Code Act 1995* (Cth).

I consent to the Department collecting any sensitive information I provide as part of my compensation claim, where that collection is not required or authorised by law.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|