Australian Government

Department of Employment and Workplace Relations

Application for compensation

Cancellation of income support payments under the Targeted Compliance Framework

When to use this form

Use this form if you want to claim compensation because you experienced a direct financial loss, or non-financial loss, due to a past cancellation decision made under the *Social Security (Administration) Act 1999* (the Act).

Please follow the instructions on how to return this form carefully. Incorrect lodgement may result in a delay to your application.

Decisions covered

The following decisions are covered by this form:

- Work refusal failure and unemployment failure cancellation decisions made from 8 April 2022 to 31 December 2025 that may not have been made with appropriate discretion by the decision maker
  - a 'work refusal failure' is where a person has refused or failed to accept an offer of suitable employment (s42AG of the Act)
  - an 'unemployment failure' is where a person has voluntarily left suitable employment or were dismissed due to misconduct (s42AH(1) of the Act).
- 4 week reconnection requirement cancellation decisions made from 7 December 2020 to 31 December 2025 that were generally being applied earlier than they should have been due to an issue with the IT system
  - When a person's payment is suspended for not meeting mutual obligation requirements or for a work refusal failure, they will be notified about what they need to do to avoid their payment being suspended. This is a reconnection requirement. If the person does not meet their reconnection requirement within 4 weeks after being notified, their payment is cancelled (s42AM of the Act).

Information required

In this form you may need to tell us:

- why you disagree with our decision to cancel your payment
- about your situation at the time and why you think we should have taken this into account before cancelling your payment
- how you were impacted by the cancellation and how it led to a direct financial loss or non-financial loss.

Evidence needed

If you want to be paid the amount of income support you would have received if your payment had not been cancelled, then a written statement about how the cancellation directly impacted you financially will usually be enough.

Claims for other financial losses up to $250 will usually require minimal evidence. For example, if you are applying for compensation for a $15 late fee on an overdue utilities bill, and you don't have evidence of this, a written statement from you explaining this will usually be enough.

Claims for financial loss and non-financial loss over $250 will need more detailed supporting evidence. For example, receipts, bank statements, rental bond agreements. The more compensation you apply for, the stronger evidence you will need to provide to support your claim.

While providing this information is voluntary, the department may not be able to pay you compensation if you are not able to show how you have been financially disadvantaged.

Returning this form

Return this form along with any supporting documents and evidence to **TCF-Review@dewr.gov.au**. In the subject line of your email put 'TCF compensation application'.

You can use this **email template** with the return email address and subject fields pre-filled for you.

If you do not have access to email, you can mail your application to:

Department of Employment and Workplace Relations
Attention: TCF Remediation Team
GPO Box 9828
CANBERRA ACT 2601

Getting help

You may be eligible for free independent legal advice from a Community Legal Centre. You can find one by visiting **www.ejaustralia.org.au/legal-help**.

Types of loss

Direct financial loss is money you lost or had to spend because of how the cancellation impacted you. For example:

- loss of your income support payment
- late fees on bills
- extra interest on loans
- you lost accommodation because you could not pay rent on time and you did not get your bond back
- the cancellation caused a new or existing medical condition to worsen, and you had to pay for additional medical treatment as a result.

Non-financial loss means personal injury or damage to reputation caused by the cancellation of your payment.

Personal injury means a physical or psychiatric injury or illness, for example, a heart attack, stroke or depression.

Compensation under the Scheme for Compensation for Detriment caused by Defective Administration (CDDA Scheme) is not payable solely for grief or anxiety, hurt, humiliation, embarrassment, disappointment, stress or frustration that is unrelated to a personal injury which is being compensated under the CDDA Scheme.

You can only claim losses which were directly caused by the cancellation of your income support payment. If there were reasonable actions you could have taken to avoid or limit your loss, we will take this into account when considering your application.

Application process

Once we receive your application, we will consider the reasons you disagree with our decision to cancel your payment, your personal circumstances at the time of cancellation and the evidence you provide about how the cancellation impacted you.

We will also consider whether you have already received a back payment of your income support payment for any decision you are seeking compensation for.

In some cases, we may need to contact you to ask for additional information.

We aim to make a decision within 90 days, however, this will not always be possible.

Lodging an application does not guarantee you will be paid compensation.

You will be advised of our decision in writing.

If you disagree

If you disagree with our decision, you can request a review.

When we advise you of our decision, we will include information on how to request a review.

Filling in this form

If you need **more space** to answer any question, you can write this in a separate document and include it with the application.

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Section 1: Personal details

1. **Your title** *(please select one)*:

   ◯ Mr ◯ Mrs ◯ Ms ◯ other

2. **Your surname** *(family or last name)*

3. **Your given name(s)** *(first name, middle name(s))*

4. **Date of birth**

5. **Customer Reference Number (CRN)**

   This number is issued by Centrelink.
   It is 9 numbers and ends with a letter.
   For example, 123 456 789A.

6. **Address where you live**

   If you have no permanent address, you can provide a different address where you can get mail, or put N/A in this question.

   State: Postcode:

7. **Telephone**

   Please provide the phone number you'd prefer us to contact you on.

   Home phone:

   Mobile phone:

8. **Email address**

   Please provide an email address if you have one. This is how we prefer to contact you about your application.

Section 2: Your situation at the time we cancelled your payment

9. **When was your payment cancelled?**

   If you received an invitation to claim for compensation from the department, this information was included in your invitation. If you are claiming for more than one cancellation, please put each date. If you do not know exactly, please provide approximate date(s).

10. **Why do you disagree with our decision to cancel your payment(s)?**

    For example:

    - Is there information about your personal situation at the time you think we should have considered before we cancelled your payment?
    - Did you have a good reason for leaving the place you were working?
    - Was there something stopping you from being able to accept a job offer?
    - Were there issues or barriers that meant you were unable to reconnect or reclaim quickly after we cancelled your payment?

    If you are claiming for more than one cancellation, please separately explain why you think each decision was wrong.

Section 3: Impact of cancellation and amount of compensation

Impact of cancellation

11. How did the payment cancellation(s) impact you?

Tell us how you were affected by the cancellation of your income support payment.

Amount of compensation

If you want to be paid the amount of income support (such as JobSeeker Payment) you would have received if your payment(s) had not been cancelled, **we will calculate this amount for you**.

This will usually equal the 2 fortnightly payments that you should have been paid at the time.

If you are also claiming for direct financial loss, or non-financial loss, you will need to answer more questions.

12. Are you only wanting to be compensated for the amount you would have received if your payment(s) had not been cancelled?

- ◯ Yes
- ◯ No – I am applying for more compensation.

*If you ticked **yes**, please skip to* **section 4, question 16**

*If you ticked **no**, please continue to* **question 13**

13. What direct financial loss did you experience?

This is money you lost or had to spend because of how the cancellation(s) directly impacted you.

For example:

- late fees on bills
- extra interest on loans.

For this question:

- Do not include any lost income support payments – we will calculate this for you.
- List each item you want to be compensated for, and the amount in dollars.
- Explain how the cancellation ***directly*** caused your financial loss.
- If you have evidence to support your claims, please include this with your application.

14. Did you experience any non-financial loss?

By non-financial loss we mean any personal injury, or damage to reputation caused by the cancellation of your payment.

Personal injury means a physical or psychiatric injury or illness, for example, a heart attack, stroke or depression.

For this question:

- Do not include any lost income support payments – we will calculate this for you.
- Describe the non-financial loss you experienced, and the amount you are claiming in dollars.
- Explain how the cancellation led to the non-financial loss.
- If you have evidence to support your claims, please include this with your application.

If you do not want to answer this question, make sure you **enter N/A**. This tells us you have thought about this question, but have no information to provide, or don't think it applies to you.

15. What is the total amount of compensation you are asking for?

This is the total amount from questions 13 and 14. Do not include any lost income support payments – we will calculate this for you.

Section 4: Other details and declaration

Other details

16. **Is there anything else important you would like to tell us that has not been covered in the application?**

    If there is, please provide details here and include any available supporting documents with your application.

    If you do not want to answer this question, make sure you **enter N/A**. This tells us you have thought about this question, but have no information to provide, or don't think it applies to you.

Additional information

Please note that Scheme for Compensation for Detriment caused by Defective Administration (CDDA Scheme) payments may be taxable. Please contact the Australian Taxation Office or seek independent financial advice to determine what this might mean for you.

For more information on the CDDA Scheme: **www.finance.gov.au/cdda-scheme**.

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 in this form is collected by the Department of Employment and Workplace Relations (department) for the purposes of processing your compensation application. If you do not provide some or all of the information required, the department may not be able to assess your application and may not be able to provide a suitable level of assistance with your application. 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 application.

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 application for compensation. 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 **www.dewr.gov.au/privacy** or by requesting a copy from the department via email at **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 application, where that collection is not required or authorised by law.

Signature *(electronic signature accepted)*:

Date: