



## FORM THREE

### Application for an advance payment – Stolen Generations Reparations

Please complete your details as the patient then provide this to your medical professional to complete the Statement.

The patient indicated below has made an application to the Stolen Generations Reparations Package administered by the Victorian Government. Applicants to the Package who are terminally or critically ill may be eligible for an advance payment of \$20,000. For your patient to access this advance payment you are asked to complete this form in support of their eligibility. You do not need to provide details of their condition or treatment, only that in your professional opinion, they meet the definition below.

You may either return this form to your patient or submit the completed form directly to [stolen.generations@justice.vic.gov.au](mailto:stolen.generations@justice.vic.gov.au). If you have any queries, please contact 1800 566 071.

#### Patient details

<b>First name</b>	<input type="text"/>	<b>Middle Name</b>	<input type="text"/>
<b>Last Name</b>	<input type="text"/>		
<b>Date of Birth</b>	<input type="text"/>		

#### Statement by medical professional

I am a doctor or other medical professional providing treatment to the patient whose details are listed above. I understand the patient has made an application to the Stolen Generations Reparations Package and is seeking an advance payment due to their health condition.

In my professional opinion that patient is either:

- a) Terminally ill or
- b) Critically ill, in that they have an illness that is:
  - i. a life-threatening illness, and
  - ii. likely to materially impact their condition within six months from the date they submit their application, such that they would be prevented from having the full benefit of any payment made to them if they had to wait for their application to be fully assessed.

#### Medical professional details

<b>Title</b>	<input type="text"/>	<b>First name</b>	<input type="text"/>
<b>Last Name</b>	<input type="text"/>		
<b>Medical profession and registration number</b> <i>eg Doctor, Palliative Care nurse, psychologist</i>	<input type="text"/>		
<b>Contact Number</b>	<input type="text"/>	<b>Signature</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>