



## FORM TWO

### Nomination of a Support Person or Organisation

You can give permission for a person or an organisation to fill out, but not sign, an Application Form for you or speak with us about your application. If you appoint a person, they are referred to as a **Nominated Support Person**. If you appoint an organisation, they are referred to as a **Nominated Organisation**.

#### What is a Nominated Support Person?

A Nominated Support Person can:

- provide us with information about your application and receive information, including personal information, about your application from us; **and**
- submit an initial application on your behalf, but it must be signed by you.

#### What is a Nominated Organisation?

If you nominate an Organisation, any person at that organisation can perform the above tasks of a Nominated Support Person.

If you provide us with the name of a preferred contact person at the Nominated Organisation (for example, your support worker), we will speak only to that person unless they are no longer working for the Nominated Organisation or they are on leave and it would unreasonably delay your application for us to wait for their return.

#### Why nominate an organisation and not a person?

If you appoint a Nominated Organisation, someone from the organisation can continue to contact us about your application even if your preferred contact person (for example, your support worker) at the organisation is away or no longer works there. You will **not** need to complete a new Form Two.

#### Who is an authorised representative of the Nominated Organisation?

This can differ between organisations. The authorised representative must be a person who can sign official documents on behalf of the organisation. It is best to ask someone from the organisation you wish to appoint.

A Nominated Support Person or a Nominated Organisation cannot make decisions about your application including the content of your Package, withdrawing an application, or signing on your behalf. A Nominated Support Person or Nominated Organisation cannot receive payments made by the Package; this must be paid directly to you. You can withdraw or change your Nominated Support Person or Nominated Organisation at any time by contacting us.

Do not use this form to notify us of a power of attorney or guardianship arrangements. Please forward us a copy of the signed appointment or order.

#### Your details (the person applying for the Package)

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

**Please complete either Part A or Part B.**

#### Part A: Nominating a Support Person



**Please complete this section if you are appointing a Nominated Support Person. If you wish to appoint a Nominated Organisation, please complete Part B only.**

I appoint the person listed below as my Nominated Support Person for the processing of my application to the Stolen Generations Reparations Package. I authorise this person to submit, but not sign, an application on my behalf and provide and receive information, including personal information, about my application to the Department of Justice and Community Safety. I understand this process is voluntary and I can withdraw or change my Nominated Support Person at any time by contacting the department.

<b>Applicant Name</b>	<input type="text"/>
<b>Applicant Signature</b>	<input type="text"/>
<b>Date</b>	<input type="text"/>

**Witnessed by**  
(must **not** be the Nominated Support Person)

<b>Name</b>	<input type="text"/>
<b>Signature</b>	<input type="text"/>
<b>Date</b>	<input type="text"/>

**Nominated Support Person details (the person you are nominating)**

<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"/>
<b>Phone</b>	<input type="text"/>
<b>Email</b>	<input type="text"/>
<b>Postal address</b>	<input type="text"/>
<b>Preferred contact method</b>	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Post
<b>When to contact</b>	<input type="checkbox"/> If you cannot reach me <input type="checkbox"/> When I tell you <input type="checkbox"/> Instead of me

I agree to be the Nominated Support Person for the person listed on this Application Form. I agree to provide information to the Department in accordance with the Applicant's instructions and to convey any information received from the Department to the Applicant (as relevant).



Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

### Part B: Nominating an Organisation

**Please complete this section if you are appointing a Nominated Organisation. If you wish to appoint an Authorised Person, please complete Part A only.**

I appoint the organisation listed below as my Nominated Organisation for the processing of my application to the Stolen Generations Reparations Package. I authorise this organisation – including any of its officers, employees or agents – to submit, but not sign, an application on my behalf and provide and receive information, including personal information and sensitive information, about my application to the Department of Justice and Community Safety. I understand this process is voluntary and I can withdraw or change my Nominated Organisation at any time by contacting the Department.

Applicant Name	<input type="text"/>
Applicant Signature	<input type="text"/>
Date	<input type="text"/>

#### Witnessed by

*(must **not** be the same person who signs this form on behalf of the Nominated Organisation)*

Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

### Nominated Organisation details (the organisation you are appointing)

Organisation Name	<input type="text"/>
Organisation Postal Address	<input type="text"/>
Contact Person Name (for example, your worker)	<input type="text"/>
Contact Person Phone	<input type="text"/>
Contact Person Email	<input type="text"/>
Preferred contact method	<input type="checkbox"/> Phone <input type="checkbox"/> Email



**When to contact**

If you cannot reach me

When I tell you

Instead of me

The Organisation named above agrees to provide information to the Department in accordance with the Applicant's instructions and to convey any information received from the Department to the Applicant (as relevant).

**Name of Organisation's representative**

**Signature**

**Date**

**Please note:** *If we become aware that you have lost mental capacity to make decisions about your application, or that you have died during the application process, your Nominated Support Person or Nominated Organisation will no longer have the authority to act on your behalf. If you have lost mental capacity, a person who has been appointed your guardian or administrator, or has been granted a legal power of attorney, may have the authority to act on your behalf. If you are deceased, the Department may speak to your next of kin.*