

APPLICATION FOR A REVIEW OF DETERMINATION

If you do not agree with your redress determination, you can apply for a review of the determination **using this form** as required under section 73 of the *National Redress Scheme for Institutional Child Sexual Abuse Act 2018*.

Please return your completed form to the Scheme **by mail or online through myGov before the review end date** as provided in your outcome letter.

Providing additional information and documents to the Scheme

If you have additional information and documents to support your review request, you can provide this to us by:

1. **completing** the 'additional information section of this form;
2. **attaching** a copy of any supporting documents or other statements to this form; or
3. **call us** to tell us about the new information.

If you need more time, you can ask for an extension by calling us on **1800 737 377** or if you are overseas +61 3 6222 3455 (call charges apply). When your completed form is returned to us, the review process will start.

Please tell us who is completing this form

the Applicant the Redress Nominee*

* As the appointed redress nominee I am making this application for review on the applicant's behalf. I confirm that I have discussed this request with the applicant and that I have received their approval to make this application (if appropriate).

Please complete this section and sign the next page.

I am providing this form to the National Redress Scheme, to request that the determination made on the application for redress (details below) **be reviewed**.

RV Number (required)	RV00 _____
Applicant's Name (required)	_____ (Please print applicant's name in full):

I understand to request a review of my determination, **I must return this form to the Scheme before the end of the review period**, as set out in the redress outcome letter provided to me.

An Independent Decision Maker who was not involved in the making of the original determination (the reviewer) will conduct the review using:

- the same information that was available to the original Independent Decision Maker;
- any additional information and documents provided with this form;
- other information requested by the reviewer from you or from a relevant institution/s

I acknowledge that after the review is completed, the following **may** happen:

- the redress outcome may stay the same,
- if an offer was made it may increase or decrease, or
- a different decision may be made about whether I am eligible for redress.

I understand **I can withdraw** this application for review **at any time before** the review is completed either by contacting the Scheme in writing or calling **1800 737 377**. I understand that if I withdraw this application for a review, the original determination will stand.

I understand that **I can still accept or decline the original redress offer before the end of my acceptance period** as provided in my outcome letter even if I have made an application for review. If I accept or decline the redress offer, I understand the request for review will then be withdrawn.

I understand that if I withdraw the application for review and I have not accepted the offer by **the end of my acceptance period**, the offer will be considered to be declined. I acknowledge that I will not be able to make another application for redress under the Scheme.

Advice for appointed legal nominee

The appointed legal nominee **can still accept or decline** the applicant’s original redress offer **before the end of the acceptance period** even though an application for review has been requested. If the legal nominee either accepts or declines the applicant’s original redress offer, the request for review will be withdrawn.



By signing this form, I acknowledge that:

- I understand the effect of requesting a review of the redress outcome determination
- The information I have provided is true and correct.
- I have read and understood the Privacy Policy and Privacy Notices for the Scheme, at [national redress privacy](#).
- I agree to the collection, use and disclosure of my personal information.
- **I have considered whether to allow the Scheme to share the impact information of my abuse with relevant institution/s where that information has been provided with this review request.**
 - YES – I agree to share impact information with institution/s
 - NO – I do not agree to share impact information with institution/s

Signature: (Applicant/Nominee)	
Date signed:	Click or tap to enter a date. (DD/MM/YYYY)

FREE SUPPORT SERVICES

The Scheme provides free legal and financial advice through **knowmore**. You can contact knowmore by going to **knowmore.org.au** or calling **1800 605 762** (call charges may apply). If calling from overseas, please call +61 2 8267 7400.

You are encouraged to contact knowmore as you consider your options for redress.

You can also get advice and emotional support from Redress Support Services. Find a support service near you at **nationalredress.gov.au/support/explore** or by calling the Scheme on **1800 737 377**.

ADDITIONAL INFORMATION FOR REVIEW

RV Number	RV00 _____
Applicant's Name (required)	_____ (Please print applicant's name in full)



Please ask someone you trust to help you complete this section. If you need assistance, please call us on **1800 737 377** so we can find a Redress Support Service near you to support you.

I understand that providing false or misleading information or statements to the Scheme is a serious offence and penalties may apply. It may also have the effect of reducing the amount of redress you are entitled to under the Scheme.



Optional: To assist the reviewer, in a few words tell us what part or parts of the Redress determination you do not agree with, and why.



Your application for review may be accompanied by information and documents you consider may be relevant to the review of the original determination. Do you have additional information and/or documents to support your review request?

Please **tick** this box if you are providing additional information. (This can be set out in the space provided below.)

Please **tick** this box if you are attaching supporting documents.

Please return this form and any supporting documents (envelope enclosed) to:

NRS
Reply Paid 7750
Canberra BC ACT 2610
Australia

