# 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)

|  |  |
| --- | --- |
| First name |  |
| Middle Name |  |
| Last Name |  |

**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.

|  |  |
| --- | --- |
| Applicant Name |  |
| Applicant Signature |  |
| Date |  |

**Witnessed by**

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

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

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First name |  | | | | | | | |
| Middle Name |  | | | | | | | |
| Last Name |  | | | | | | | |
| Date of Birth |  | | | | | | | |
| Phone |  | | | | | | | |
| Email |  | | | | | | | |
| Postal address |  | | | | | | | |
| Preferred contact method |  | Phone |  | Email |  | Post |
| When to contact |  | If you cannot reach me |  | When I tell you |  | 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 |  |
| Signature |  |
| Date |  |

**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 |  |
| Applicant Signature |  |
| Date |  |

**Witnessed by**

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

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

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

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organisation Name |  | | | | | | | | | | |
| Organisation Postal Address |  | | | | | | | | | | |
| Contact Person Name (for example, your worker) |  | | | | | | | | | | |
| Contact Person Phone |  | | | | | | | | | | |
| Contact Person Email |  | | | | | | | | | | |
| Preferred contact method |  | | Phone |  | | 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.