Australian Government
Department of Social Services

Application for Compensation

Use this form to claim compensation from the Department of Social Services (the department) for financial loss or personal injury you allege to have suffered as a result of any alleged negligence or defective administration by the department.

You can lodge your application directly through the Department of Social Services website at www.dss.gov.au/compensation-caused-defective-administration.

If you prefer, you may print and complete this form and send to:

Department of Social Services
Attention: Legal Services, Audit and Assurance Group
GPO Box 9820
Canberra ACT 2601

Please complete **all** sections of this form and **enter N/A** in any section that is not applicable to indicate that the question has been considered and completed.

Section 1: Personal details

1. Your title (please circle one): **Mr / Mrs / Ms / other**_____

2. Your surname (family name)

3. Your given name(s)

4. Date of birth

5. Contact details (please only fill out the option for your preferred method of communication)

Residential address

State:	Postcode:

Postal address (if same as residential address, write 'as above')

State:	Postcode:

Contact details

Home phone: ( )	Work phone: ( )	Mobile phone:
Email address:		

Section 2: Application details

1. How do you consider the Department of Social Services' actions or advice were wrong or defective? You should outline the events and circumstances which you consider contributed to your claim. *Please attach any available supporting documents. Please ensure you only provide documents that are relevant to your claim. If there is insufficient space, please attach a separate document.*

2. What loss or detriment have you suffered? *Please attach any available supporting documents. Please ensure you only provide documents relevant to your claim. If there is insufficient space, please attach a separate document.*

3. What is the total amount of compensation you are seeking for this loss or detriment?

$

4. How is the amount in question (3) calculated? *Please attach any available supporting documents. Please ensure you only provide documents relevant to your claim (e.g. medical bills). If there is insufficient space, please attach a separate document.*

Description of Claimed Item	Amount
	$
	$
	$
	$
	$

5. What action have you taken to resolve this matter (for example, review by agency, Ombudsman, Courts, Tribunals)? What is the status/outcome of these actions? If you have not taken any action to resolve this matter, please move on to **Section 3**.

Section 3: Other details

Other details

1. Are there any other factors that you believe are important and have not yet been mentioned in this application? If so, please provide details and attach any available supporting documents.

Supporting documents

If you are considering whether there is any additional information that may be relevant, you may wish to provide material that helps explain, support, or clarify matters relating to your CDDA claim, or that responds to issues identified in the preliminary decision documents. The type of material that may be relevant will depend on your individual circumstances, but could include:

- Medical records or certificates from treating practitioners;
- Correspondence, such as emails, letters, or other communications;
- Personal records, notes, or journal entries;
- Photographs or other visual records; or
- Any other information or documents that you consider may assist the decision-maker in understanding the circumstances relevant to your claim.

Your supporting documents can be uploaded here. Our system accepts documents in the following file types: .doc, .docx, pdf, and .jpeg. The maximum amount of supporting material accepted by our system is [??] MB.

If you are unable to upload your documents in full or in part, please indicate this in the box above and a member of our Discretionary Payments team will reach out to you.

Additional information

Please note that CDDA payments may be taxable. Please contact the Australian Taxation Office or seek independent financial advice to determine your own circumstances.

For more information on the CDDA Scheme, visit the Department of Finance's website.

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.

Section 4: Privacy notice and declaration

Privacy notice

The Department of Social Services is collecting personal information about you to assist in the effective management of your CDDA application. We may use your personal and sensitive information to assess your application and verify your claim. Any information provided to the Department of Social Services in relation to the CDDA will be stored as a Commonwealth record.

Further, 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 compensation claim. 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 or disclosed by the Department for quality assurance, auditing, investigation, reporting, research, 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 or seek a correction of your personal information held by the Department. 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. Please read our:

- Privacy collection notice
- Privacy Policy.

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 understand that giving false or misleading information is a serious offence under section 137 of the *Criminal Code Act 1995* (Cth).
- ☐ I acknowledge that I have read and understood the privacy collection notice above.
- ☐ I consent to the Department collecting any sensitive information I provide as part of my compensation claim.