Adoption Services Victoria

Apply for the Forced Adoption Exceptional Circumstances Fund

FORM TWO: Nomination of a support person

# About this form

The Forced Adoption Exceptional Circumstances Fund (the Fund) has been established by the Victorian Government to provide one-off discretionary payments to mothers affected by forced adoption policies and practices who are experiencing exceptional circumstances, including those who are terminally ill.

This form allows you to nominate someone to assist you with your application.

**You can give permission for someone to:**

* Fill out an application form for you. You will need still need to sign the application form.
* Speak with us about your application.

This person is referred to as your **Nominee**.

|  |  |
| --- | --- |
| **A Nominee can:** | **A Nominee cannot:** |
| * submit an initial application on your behalf but it must be signed by you
* provide us with information about your application
* receive information, including personal information, about your application from us. This may include any information you provide to us as part of your application, including medical history and your connection with an adoption.
 | * make decisions about your application
* withdraw an application
* sign on your behalf
 |

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

# PART ONE: Your details

(the person applying to the Fund)

|  |  |
| --- | --- |
| Your first name |       |
| Your middle name (if applicable) |       |
| Your family name |       |

## Declaration

**I certify that I have read and understood the statement below:**

I appoint the person listed below as my Nominee for the processing of my application to the Forced Adoption Exceptional Circumstances Fund. 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 Nominee at any time by contacting the department.

|  |  |
| --- | --- |
| Your signature |       |
| Today’s date (dd/mm/yyyy) |       |

## Witnessed by

(must be someone other than the Nominee)

|  |  |
| --- | --- |
| Witness name |       |
| Witness signature |       |
| Date (dd/mm/yyyy) |       |

# PART TWO: Nominee details

(the person you are appointing as your Nominee)

|  |  |
| --- | --- |
| First name |       |
| Middle name (if applicable) |       |
| Family name |       |

|  |  |
| --- | --- |
| Date of birth |       |
| Phone number |       |
| Email address |       |
| Postal address |       |
|  |  |

What is their preferred contact method?

[ ]  Phone

[ ]  Email

[ ]  Post

## Declaration

**I certify that I have read and understood the statement below:**

I agree to be the Nominee 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).

|  |  |
| --- | --- |
| Nominee’s signature |       |
| Date (dd/mm/yyyy) |       |