

ANGLICAN DIOCESE OF SYDNEY

REQUEST FOR PASTORAL CARE AND ASSISTANCE

NOTE:

We appreciate that completing a form such as this may be challenging and confronting. Therefore, we recommend that you complete this form with support from a Contact Person, Counsellor or support person. You may access a contact person by calling the *Abuse Report Line* 1800 774 945

You **do not** have to fill out all of this form to request financial assistance, apart from your personal details below and your signature on the last page. However, the more information we have, the easier it will be to assess your application.

1. PERSONAL DETAILS

Full name

Address

Phone number

Email address

Date of birth

I request financial assistance from the Pastoral Care and Assistance Scheme for child abuse / sexual abuse by a church worker of the Sydney Diocese against me.

2. CIRCUMSTANCES OF THE REQUEST

a) This request arises from my complaint to the Professional Standards Unit, **Y/N**

OR

b) I set out my disclosure and attach -

• a Statutory Declaration dated **Y/N**

OR

• Other attached (listed below) **Y/N**

Please list the documents (if any) provided in support of this request for Pastoral Care and Assistance:

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>
5.	<input type="text"/>

Please complete the following sections if these matters are not included in detail in your complaint or statutory declaration / other documents attached.

3. EFFECTS OF ABUSE

Please take as little or much space as you need and complete if applicable and attach any supporting medical or psychological reports.

- (a) Please describe any psychological or psychiatric injuries and/or conditions sustained.

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- (b) Please describe any physical injuries sustained.

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- (c) Please describe what impact the abuse has had on you.

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- (d) Current and anticipated needs you may have arising from the abuse.

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[Please attach further page/s if more space required.]

4. FINANCIAL LOSS

Please attach any documents, medical reports, certificates, receipts in support of this request if available and itemise expenses in the spaces below paid by Medicare, private health insurer or yourself.

(a) Details of medical, pharmaceutical, counselling or other treatment expenses.

ITEM	PAID BY	COST \$

(b) Details of the cost of travel for required medical and other support services.

SERVICE	PAID BY	COST \$

(c) Details of any other costs incurred eg. medical or psychological reports obtained in support of the request.

TYPE OF COST	PAID BY	COST \$

(d) Details of any loss of income or opportunity for employment arising from total or partial incapacity to work.

TYPE OF LOSS

Sign below once you have completed this application, then post or email to the address below together with any supporting documentation. We will be in contact with you if any further information or documentation is required in order for your application to be assessed.

Signature

____ / ____ / ____
Date

Print Name

POST to: Professional Standards Unit
Anglican Church Diocese of Sydney
PO Box Q412
QVB Post Office
NSW 1230

EMAIL to: abusereport@sydney.anglican.asn.au