

## Service Provider payment request form

### When to use this form

The Financial Assistance Scheme (FAS) provides victims of crime with financial assistance to help them recover from violent crime.

It helps with expenses that arise from being a victim of a violent act, such as:

- counselling
- medical expenses, and
- other expenses that help a victim recover.

Use this form if you are a service provider, have provided counselling, medical or allied health service to an applicant of the FAS and:

- you have already provided the service to your client, or
- the appointment was scheduled but the applicant did not attend or did not cancel the appointment with sufficient notice, and
- you wish to receive payment directly for your services.

The FAS can pay amounts which have been awarded to the applicant.

Before completing this form, the applicant must have submitted an application through the FAS online portal to transition their VOCAT application to the FAS or made an application to the FAS for assistance. Access the portal at <https://fas.justice.vic.gov.au>.

If you have any queries about completing this form you can contact the FAS by phone.

FAS Helpline: 1800 161 136  
Marra Yattakunur Team: 1800 849 778

You can also submit an enquiry online using the Enquiry Form on the FAS website  
<https://www.victimsofcrime.vic.gov.au/contact-fas>.

### Form Contents


**PART A:** Service Provider details

**PART B:** Application details

**PART C:** Payment details

**PART D:** Service Provider certification

### Filling in this form

- This form can be completed electronically using a PDF reader on your computer such as Adobe.
- Alternatively, you can print and complete the form using black or blue pen.
- Print using BLOCK LETTERS
- Tick the appropriate box where applicable
- Attach copies of supporting documentation where requested (indicated with  symbol)
- If you need to provide more information, you can attach additional pages.

### Returning this form

Send the completed form to:

[FASserviceprovider@justice.vic.gov.au](mailto:FASserviceprovider@justice.vic.gov.au)

or

Financial Assistance Scheme  
PO Box 21060

Little Lonsdale Street VIC 8011

### Privacy

The FAS collects personal information for the purpose of assessing your eligibility for assistance. The FAS will only disclose your personal information in accordance with the law.

More information on how the FAS handles your personal information can be found at [www.vic.gov.au/privacy-vicgovau](http://www.vic.gov.au/privacy-vicgovau) and [www.victimsofcrime.vic.gov.au/information-collection-notice](http://www.victimsofcrime.vic.gov.au/information-collection-notice).



# Part A: Service Provider Details

1

## Service Provider name

Given name(s)\*

Familyname\*

2

## Service Provider contact details

Email\*

Phone\*

3

## Service Provider profession\*

Counsellor

Psychologist

Doctor

Dentist

Occupational therapist

Other

► Please specify:

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## Service Provider professional registration/accreditation\*

Counselling services should generally be provided by:

- an AHPRA registered psychologist
- counsellors who are minimum level 3 members of the Australian Counselling Association or who are a full clinical member or certified practising member of the Psychotherapy and Counselling Federation of Australia
- mental health social workers who are accredited by the Australian Association of Social Workers, or
- social workers who are accredited by the Australian Association of Social Workers.

Counselling reports should be completed by:

- accredited mental health social workers/counsellors/accredited social workers
- AHPRA registered psychologists, or
- psychiatrists.

If AHPRA regulates the medical or health profession, medical services or reports must be provided by someone currently registered with AHPRA in that relevant profession.

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If you are not registered with AHPRA or otherwise accredited, please provide details about your skills and qualifications as an appropriate service provider.

## Part B: Application Details

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### Applicant's details

Given name(s)\*

Familyname\*

FAS Individual Application ID\*  
(e.g. IA-0000002482)

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### How many invoices are you submitting for this application?

Note that only invoices associated with the above application can be submitted in this Form.

# Part C: Payment Details

Only answer the following question if you have not previously received payment from the FAS.

8 Are you GST Registered?

Yes No

The Department of Justice and Community Safety requires the following details to make payment.  
Only complete this section if your invoice does not already include these details.

9 Business/Agency details

Name of business/agency

ABN of business/agency

Billing address - Street

Billing address - City

Billing address - State

Billing address – Postal code

10 Bank details

Account name

BSB

Account number



Please provide your ATO-compliant invoices for this claim as attachments.  
Your invoice should be addressed to the Victims of Crime Financial Assistance Scheme, Department of Justice and Community Safety.

# Part D: Service Provider certification

I \_\_\_\_\_(full name of service provider) certify that:

I provided the service/s referred to in the invoice attached to this Payment Request Form.

This request is in relation to a cancellation fee as the service/s referred to in the invoice attached to this Form were scheduled with the applicant who did not attend the appointment and/or did not cancel the appointment with sufficient notice.

I have attached ATO-compliant invoices as attachments to this Form.

The report referred to in the invoice attached to this Form has been provided to the victim and/or their authorised representative to submit to the FAS. *(only if applicable)*

I understand that the filing of this Form and attached invoices does not guarantee payment of all or part of the amount claimed, and that the amount paid for expenses is at the discretion of the Financial Assistance Scheme.

I understand that the standard term for payment is 30 days from the date this form is submitted with all required details.

To the best of my knowledge, all information provided in this Form and attached invoices are true and correct.

I understand that it is an offence under section 66 of the *Victims of Crime (Financial Assistance Scheme) Act 2022* to provide false or misleading information to the Financial Assistance Scheme.

The FAS may contact you if there is further information required to process your payment request, or if the payment details you have provided with this Form are different from the payment details that the FAS has on file. Otherwise, the FAS will not contact you or respond to queries about this request until the 30-day payment term has passed.

Date\*