

# REFERRAL OF A MATTER

## PRIVACY STATEMENT

A copy of VCAT's privacy policy is available on the VCAT Website - [www.vcat.vic.gov.au/privacy](http://www.vcat.vic.gov.au/privacy)

## GETTING STARTED

Use this form only if you are a Regulatory Body who wants to refer the professional conduct of an individual or organisation to VCAT.

Do not fill out this form if you are applying for a review of a decision, applying for an Inquiry or applying for a VCAT order. There are different forms for those application types.

Visit <http://www.vcat.vic.gov.au/adv/disputes/review-and-regulation> for more information

### How can VCAT help me?

If you have any questions about completing this form please contact our Customer Service team from 9am-4:30pm Monday to Friday on:

**Email:** admin@vcat.vic.gov.au      **Phone:** 1300 01 8228 (1300 01 VCAT)

**Fields marked with an asterisk (\*) must be completed.**

## WHICH ACT/S ARE YOU APPLYING UNDER?

VCAT only has the power to hear a case if an Act of Parliament gives it the power.

You may be assisted by looking at Act specific fact sheets.

Visit <http://www.vcat.vic.gov.au/adv/disputes/review-and-regulation> for more information.

Please enter the Act that you are applying under \*

Please enter the Section of the Act \*

Has there been a previous application made to VCAT related to this matter?\*

No       Yes -Provide VCAT reference number \*

## APPLICATION FEE

Before VCAT can progress your application, you must pay the relevant application fee (unless no fee applies) or VCAT must waive the application fee otherwise payable. To find out the current fee or whether you are entitled to a fee waiver, please visit the VCAT website.

## WHO IS MAKING THIS APPLICATION?

The applicant is the person who makes this application. As applicant are you:\*

an individual       a body/organisation/company

If you selected an individual please complete the following details:

Title     Mr     Mrs     Miss     Ms     Other: please specify

First name \*       Last name \*

Position title

Do you wish to be identified as a person of Aboriginal and/or Torres Strait Islander descent?       No       Yes

## WHO IS MAKING THIS APPLICATION? (CONTINUED)

If you selected a body/organisation please complete the following details:

Body/organisation \*

Contact Person:

Title  Mr  Mrs  Miss  Ms  Other: please specify

First name \* Last name \*

## What is your address?

Address \*

Suburb \* State \* Postcode \*

## What is the address for service?

The address where documents and notices can be served (delivered) to you

Same as Above; or

Address \*

Suburb \* State \* Postcode \*

Email

## How can VCAT contact you?

Daytime telephone \* Fax

Do you want VCAT notices and correspondence emailed to you?  No  Yes: Please enter Email Address below. (Please use block letters or print clearly)

Email

## Are you represented by a lawyer, advocate or other representative?

If you nominate a representative, all communication from VCAT, including hearing notices and orders will be sent to the representative. You will not receive communication from VCAT.

No  Yes: complete information below

Name of law firm, organisation or individual \*

DX Address Reference No.

Address \*

Suburb \* State \* Postcode \*

Name/s of contact person \*

Daytime telephone \* Fax

Email \*

## WHO IS THE RESPONDENT?

The person or body against whom your application is brought is called the respondent.

an individual  a body/organisation/company

If you selected an individual please complete the following details:

Title  Mr  Mrs  Miss  Ms  Other: please specify

First name\*  Last name\*

If you selected a body/organisation/company please complete the following details:

Company name\*

ABN or ACN (if known)

## What is the respondent's address and contact details?

Address\*

Suburb\*  State\*  Postcode\*

Name/s of contact person (if known)

Daytime telephone  Fax

Email

## Is the respondent represented by a lawyer, advocate or other representative?

If you nominate a representative, all communication from VCAT, including hearing notices and orders will be sent to the respondent's representative. The respondent will not receive communication from VCAT.

No  Don't know  Yes: complete information below

Name of law firm, organisation or individual\*

DX Address  Reference No.

Address\*

Suburb\*  State\*  Postcode\*

Name/s of contact person

Daytime telephone  Fax

Email

## DETAILS OF REFERRAL

I refer the following matter to the Victorian Civil and Administrative Tribunal

## HEARING ARRANGEMENTS

If you are concerned about security at the hearing, or if any party needs an interpreter or special assistance please complete this section and contact VCAT before the hearing. VCAT will make the necessary arrangements at no cost to the parties. If you feel security is required, you will need to complete and attach Security Request form available from the website. Do you or any other person appearing at the hearing need special assistance?

No       Yes – specify what special assistance is needed below

hearing loop

interpreter – who needs an interpreter?

Firstname	Lastname
-----------	----------

Language/dialect
------------------

security

other (e.g. assisted access) - please specify

## DOCUMENTS

YOU MUST ATTACH TO THIS APPLICATION:

Allegations and Particulars document

## PAYMENT DETAILS

To find out the current fee, visit the VCAT website.

## ACKNOWLEDGMENT

Name of person completing this application:

First name *	Last name *
--------------	-------------

I understand and acknowledge that:

- to the best of my knowledge, all information provided in this application is true and correct. \*
- it is an offence under section 136 of the Victorian Civil and Administrative Tribunal Act 1998 to knowingly give false or misleading information to VCAT. \*

Date  /  /

Signature

## HOW CAN YOU LODGE THIS APPLICATION?

<p><b>Posting it to:</b>  <b>Victorian Civil and Administrative Tribunal</b>  <b>Review and Regulation List</b>  <b>GPO Box 5408</b>  <b>Melbourne VIC 3001</b></p>	<p><b>Delivering it in person to:</b>          Victorian Civil and Administrative Tribunal          VCAT Service Counter          Ground Floor, 55 King Street          Melbourne VIC 3001          Office hours: 8:30am - 4:30pm Monday to Friday</p>	<p><b>Email:</b>          admin@vcat.vic.gov.au</p>
---	--	---

## WHAT HAPPENS NEXT?

After you lodge this application, it will be processed and given a VCAT reference number.

VCAT will then send you correspondence concerning the next steps concerning your application. Make sure you read that correspondence carefully. It will probably give you notice that you need to attend a directions hearing, compulsory conference or hearing at VCAT and/or may contain some other instructions.

The correspondence will contain a VCAT reference number. That number will start with a "Z" and end with the year the application is lodged (e.g. Z123/2016). Please use that reference number in all correspondence and all documents relating to the case.

VCAT will send a copy of your application and all attachments to the respondent/s you have named. VCAT will also give the respondent information about the future steps in the case; the same or similar to the information in the correspondence you will receive.

## ABOUT VCAT FEES

VCAT fees are charged according to three levels:

- **corporate fees** for businesses and companies with a turnover of more than \$200,000 in the previous financial year, corporate entities and government agencies
- **standard fees** for individuals, not-for-profit organisations, and small businesses and companies with a turnover of less than \$200,000 in the previous financial year. Companies must provide a statutory declaration to support this claim
- **concession fees** for people who hold the Australian Government Health Care Card. You must provide a copy of your card with your application.

To find out if you need to pay an application fee and how much it costs, visit the fees page at [www.vcat.vic.gov.au](http://www.vcat.vic.gov.au)

## FEE RELIEF

We can reduce or not charge (waive) a VCAT fee in certain circumstances.

Some people are automatically entitled to a full fee waiver. You can also apply for fee relief if paying the fee would cause you financial hardship.

Visit [www.vcat.vic.gov.au](http://www.vcat.vic.gov.au) for more information about fee relief.

Are you applying for fee relief?

- No - complete **Fee payment** section
- Yes - complete **Fee relief form** and attach it to this application form

## FEE PAYMENT

Complete this section unless you are applying for fee relief or no fee is payable.

Choose the fee level:

- Standard     Corporate     Concession

Fee amount charged: \_\_\_\_\_

### CARD DETAILS

Cards Accepted: \*  VISA     MasterCard

Cardholder Name: \*

Card Number: \*

Card Expiry: \*  /

Signed: \* \_\_\_\_\_

Date: \*  /  /

REMOVE THIS PAGE WHEN SENDING A COPY OF THIS APPLICATION TO OTHER PARTIES