

**Security Request Form**

Please complete this form and upload with your online application if:

- you are concerned that a person named in your application may be a potential security risk at the hearing, **and/or**
- you are seeking to appear at the hearing via a remote witness facility.

**Details of the person of concern**

**Name**

Title	Last name	First name	Second name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Gender**

- Male  Female

**Date of birth or approximate age**

**Address (If you do not know the street address, do you know the suburb/town and state?)**

Street address

Suburb / Town

State

Postcode

**Hearing arrangements**

**1. Please tell us why you have concerns and include any previous history or facts.**

**2. Are you requesting to appear at the VCAT hearing via a remote witness facility?**

- Yes  No

Please tell us your reasons for making this request.

**Privacy Statement**

The information collected in this form will be used to assess whether or not security or other arrangements are required for the hearing of your application. The *Victorian Civil and Administrative Tribunal Act 1998* governs what information is available to the public. The *Privacy and Data Protection Act 2014* and the *Information Privacy Principles* set out the requirements that persons must abide by. For more information about the *VCAT Privacy Policy*, visit the VCAT website [vcat.vic.gov.au](http://vcat.vic.gov.au).