

## *Sexual Violence Grant Application form*

**Victim Support can help with a range of grants  
for victims/survivors of sexual violence.**

### **How to apply**

Please complete this form and email, post or fax to Victim Support as follows: (Our preference would be for the Application form to be scanned and emailed to National Office as this would ensure they are received and particularly in case of an emergency event such as an Earthquake in Wellington).

1. Fax No. 04 495 3076
2. Post to:  
Vas Administrator  
Victim Support  
National Office  
PO Box 3017  
Wellington 6140
3. Email to:  
[vas@victimsupport.org.nz](mailto:vas@victimsupport.org.nz)

If you have any questions applying for this funding, please contact the Victim Assistance Scheme Administrator at Victim Support by calling our free phone number on 0800 842 846 Monday to Friday 9.00am – 5.00pm.

### **Other funding available – Incident must be reported to NZ Police**

- **Sexual Violence Grant** – An entitlement of **up to a maximum of \$500** to help with some of the costs immediately after the crime. Available to a victim/survivor of a ‘sexual crime’ that occurred **after 1 January 2010 (up to \$250)** and **after 1 January 2011 (up to \$500)**. Please download the SVG application form from our website [www.victimsupport.org.nz](http://www.victimsupport.org.nz)
- **Last resort emergency funding (SCE – Serious Crime Emergency Grant)**  
Applications for this grant must fall within 12 months from date of crime **or** if something significant has happened ie. Offender has been released and there are security issues for the victim. This funding may be available to assist with other costs like improving home security, relocation of residence or to assist with healing and safety for the victim. This is only available to people eligible for a Community Services Card and is **a last resort**. Contact Victim Support on 0800 842 846 to be put in touch with a local office for help with applying for this funding.

### **Frequently asked questions**

#### ***1. What happens to personal information that I put on the form?***

The form is confidential and is securely stored at Victim Support National Office. Bank account details are only used to pay the grant by direct credit.

#### ***2. Is approval automatic?***

If all the required information is included on the form and you meet the criteria above the grant will be paid into your bank account within 10 working days. If information is missing, we will contact your agency contact person as soon as possible.

# Sexual Violence Grant Application form

By completing this form, you confirm that the information you have supplied is true and that you authorise Victim Support to contact your Support Agency Worker if information on the form is unclear or incomplete.

**This form must be signed and submitted to Victim Support by a specialist agency eg. Rape Crisis**

Is this Application Urgent  Yes  No

NAME OF PARENT/LEGAL GUARDIAN IF VICTIM IS UNDER 18			
APPLICANT NAME:		DOB:	
APPLICANT ADDRESS:			
PHONE NO:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
<input type="checkbox"/> Tick box to confirm it is ok to leave a message on this phone number. We will only call you as a last resort to confirm details on this form if your agency contact cannot assist.			
Police Incident Number (Required)		Date of Crime (Required)	
Ethnicity (Optional)		Email (Optional)	
SUPPORT AGENCY CONTACT PERSON: (we will only contact your support worker if necessary to confirm details on this form)			
SUPPORT AGENCY NAME		Agency Phone No:	
<input type="checkbox"/> <b>SV One off Grant of up to \$500 – Summary of Costs incurred immediately after the crime or when the crime was reported to the Police eg. Travel costs to Police Station, GP costs, Replacement of items (see below) etc.</b>			
Please tick the appropriate boxes and provide \$ value (Receipts are not required)			
<input type="checkbox"/> Travel Costs \$	<input type="checkbox"/> Loss of Income (either for Victim or Parent/s) \$		<input type="checkbox"/> Medical Costs \$
<input type="checkbox"/> Relocation Costs \$	<input type="checkbox"/> (Please provide hourly rate and days not worked) \$		
<input type="checkbox"/> Please list a summary of all items and their approximate \$ value that were taken by Police and/or damaged /lost during the incident			
<b>Payment – choose one of the following</b> - Please explain to your Victim that payments made via direct credit will appear overnight into their account. A cheque may take up to 2 weeks or more to reach them and often gets lost during delivery			
<b>Payment Details: Please tick whose account payment is going into:</b> <input type="checkbox"/> Victim <input type="checkbox"/> Parent/Legal Guardian			
<b>NAME OF BANK ACCOUNT or CHEQUE NAME:</b>			
<b>BANK ACCOUNT NUMBER</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank (2)	Branch (4)	Account Number (7)	Suffix (3)
<input type="checkbox"/> Tick box if you would prefer a cheque sent out to you at your home address <b>OR</b>			
<input type="checkbox"/> Tick box if you would prefer a cheque to be sent to your Support Agency			
Please sign confirming the details you have provided are correct and that you authorise Victim Support to contact your Agency support worker if information on the form is unclear or incomplete.			
<b>Applicant Signature</b> (If the victim is under 18, the signature of the parent/legal guardian is required)		<b>Support Agency Signature</b> (Please do not sign the form until it has been fully completed)	

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