



APPLICATION FORM

Compensation for Detriment Caused by Defective Administration Scheme (CDDA Scheme)

Please complete **all** sections of this form and **enter N/A** in any section that is not applicable to indicate that the question has been considered and completed.

Please return to:

AFSA Legal and Governance
PO Box 821
CANBERRA ACT 2601

Or via email: servlegdoc@afsa.gov.au

Section 1: Personal details

1. Your title (please circle one): **Mr / Mrs / Ms / Miss / other** _____

2. Your surname (family name)

3. Your given name(s)

4. Date of birth

5. Residential address

State/territory

Postcode

6. Postal address (if same as residential address, write 'as above')

State/territory

Postcode



7. Contact details

Home phone number

Mobile phone number

Work phone number

Section 2: Application details

8. Please explain how you consider that AFSA's [administration was defective](#). You should outline the events and circumstances which you consider contributed to the defective administration. *Please attach any available supporting documents. If there is insufficient space, please attach a separate document.*

9. Please explain what [detriment](#) you have suffered. Please attach any available supporting documents. If there is insufficient space, please attach a separate document.

10. What is the total amount of compensation you are seeking for this detriment?

11. Please specify how this amount is calculated. *Please attach any available supporting documents (eg. medical bills). If there is insufficient space, please attach a separate document.*

<i>DESCRIPTION OF CLAIMED ITEM</i>	<i>AMOUNT</i>
	\$
	\$
	\$
	\$
	\$



12. Please explain how the defective administration directly caused the detriment you have suffered. *Please attach any available supporting documents. If there is insufficient space, please attach a separate document.*

13. Please advise what action you have taken to resolve this matter (for example, review by agency, Ombudsman, Courts, Tribunals). What is the status/outcome of these actions?

Section 3: Other details and declaration

Other details

14. Are there any other factors that you believe are important and have not yet been mentioned in this application? If so, please provide details.



Additional Information

Please note that CDDA payments may be taxable. Please contact the Australian Taxation Office or seek independent financial advice to determine your own circumstances.

More information on the CDDA Scheme can be found in Resource Management Guide No. 409, Scheme for Compensation for Detriment caused by Defective Administration available at

<http://www.finance.gov.au/>

Declaration

I declare that to the best of my knowledge and belief, the information that I have supplied in or attached to this application is accurate and true, and that all relevant information has been included.

Signature

Date

Day /Month /Year

Privacy disclosure

This information is necessary for AFSA to assess your application. All information, including personal information, collected by AFSA is treated as confidential and is protected in accordance with the *Privacy Act 1988*.