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| Redress for Historical Institutional Abuse  |
| Application form to provide counselling services  |

# Introduction

The Redress Counselling Service (the Service) includes counselling and alternative therapies to address the impacts of trauma, support healing and improve wellbeing and is available to:

* people who have accepted an offer of Redress (up to 20 sessions)
* family members of origin or choice (5 sessions to be shared between family members).

People may access the Service with an existing counsellor or therapist, or they may seek support to connect with a suitable provider in the community.

The Department of Families, Fairness and Housing (the department) registers providers to the Service through an application and approval process.

All providers must apply and be approved before providing services. The department is committed to offering culturally safe counselling and alternative therapies and welcome applications from a variety of cultural origins and speciality backgrounds from across Australia.

For any enquiries, you can contact the Redress team on 1800 716 870 (free call), Monday to Friday between 9 am and 5 pm (excluding public holidays) or email redresscounseling@dffh.vic.gov.au.

# Application process

**Step 1:** Please read the Requirements for Service Providers found on the [Providing counselling services for Redress for Historical Institutional Abuse webpage](https://providers.dffh.vic.gov.au/providing-counselling-redress). This outlines the requirements for providers to be successfully enrolled with the Service.

**Step 2:** If you meet the provider requirements, please complete all sections of this application form and attach a copy of the following:

* certificate of insurance (public liability up to $10 million and professional indemnity up to $5 million) with a reputable insurer
* relevant professional qualifications
* current registration with relevant professional association.

**Step 3:** The department will review the application and may contact you for further information.

**Step 4:** The department will advise you in writing of the outcome of your application.

There are no fees associated with making an application.

All questions in this application must be answered.

**Send us your application form**

Please complete all required documents and submit with the application form. Download the application form, and then:

* type in your information, add an electronic signature and email it to us, or
* print it, write in your information and sign, scan and email to redresscounselling@dffh.vic.gov.au.

# Application details

| Instructions | Provider details |
| --- | --- |
| Full name of the registered legal entity/person |  |
| Full name of the Chief Executive Officer or equivalent (including title e.g., Mr, Ms, Mrs, Dr or other if relevant) |  |
| Email address of the Chief Executive Officer or equivalent |  |
| Current registered ABN or ACN number |  |
| Website address  |  |
| Street address  |  |
| Postal address  |  |
| Phone number  |  |
| Contact name (including title e.g., Mr, Ms, Mrs, Dr or other) of the legal entity  |  |
| Position title of contact |  |
| Contact email address  |  |
| Accessibility of service (e.g. Face to face, remote/ telehealth, Regional, Rural or remote)  |  |

# Service offerings and fees

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# Inclusion and diversity

As outlined in the Requirement for Service Providers, the department is committed to supporting a more inclusive and equitable society where everyone can have access to services that reflect their needs, culture and identity.

**Do you identify as Aboriginal or Torres Strait Islander or specialise in First Nations care?**

| Information required | Mark with an X |
| --- | --- |
| Yes |  |
| No |  |

**Do you identify as an LGBTQI+ ally or provider or specialise in queer or gender affirming care?**

| Information required | Mark with an X |
| --- | --- |
| Yes |  |
| No |  |

**Do you identify as a person with disability or provide a disability inclusive service?**

| Information required | Mark with an X |
| --- | --- |
| Yes |  |
| No |  |

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|  (text box will expand) |

**Please provides further details on any of the above services or speciality**

# Qualifications

Providers are required to provide copies of their qualifications with this application. Please list award type, title of qualification, awarding organisation and date of award – for each relevant qualification.

| Degree or award type | Title of Qualification | Awarding organisation | Date of award |
| --- | --- | --- | --- |
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**Are you listed on the** [**National Redress Scheme Trauma Support Providers – Directory for Survivors**](https://www.traumasupport.com.au/)[[1]](#footnote-2)**?**

| Information required | Mark with an X |
| --- | --- |
| Yes |  |
| No |  |

Are you registered to provide counselling services for the [**Victims of Crime Financial Assistance Scheme**](https://www.victimsofcrime.vic.gov.au/fas)[[2]](#footnote-3)?

| Information required | Mark with an X |
| --- | --- |
| Yes |  |
| No |  |

# Relevant professional registration

It is a requirement that practitioners delivering Redress Counselling Services are registered member/s of a professional body or association and can demonstrate active registration. For example: [Australian Health Practitioner Agency](https://www.ahpra.gov.au/)[[3]](#footnote-4), [Australian Association of Social Workers](https://www.aasw.asn.au/)[[4]](#footnote-5). Please provide your professional association memberships below.

| Profession | Professional association | Registration number | Registration status | Registration expiry date |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Please list other relevant registrations, professional memberships or listings on relevant directories:**

* **Sole-trader providers** must provide a certificate of currency for professional association membership with this application.
* **Organisations or private entities** employing multiple staff to deliver services must provide information on qualifications and association memberships for all staff as an attachment where there will be more than one practitioner providing counselling services.

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|  (text box will expand) |

# Insurance

**Please complete all sections**

| Insurance and required cover  | Insurer and sum insured (limit of liability) | Policy number | Expiry date |
| --- | --- | --- | --- |
| Public liability$10 million |  |  |  |
| Professional Indemnity$5 million |  |  |  |

## Policy endorsements

Provide separate information on any policy endorsements which narrow the scope of the insurance cover.

* Applicants are required to provide certificates of currency for insurance with this application.
* Services cannot commence without the provision of these certificates.
* Certificates of currency are to be from the original insurer and in the name of the applicant.
* Please note that certificates from insurance brokers or agents are not acceptable.

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# Collection notice for personal information

The department is committed to protecting your privacy. The department collects and handles the personal information in this application for the purpose of assessing suitability for being approved as a provider. In the instance where verification is required (e.g. qualifications, insurance, professional registration), information may need to be disclosed to relevant bodies or organisations.

If required or authorised by or under law, the department may disclose the applicant’s personal information in accordance with the *Privacy and Data Protection Act 2014* and any other relevant laws. For more information, please [refer to the Privacy Policy](https://www.dffh.vic.gov.au/publications/privacy-policy)[[5]](#footnote-6) on the department’s website.

# Provider consent and disclosure

By submitting this application, I declare that:

* the information provided in and attached to this application form is true and correct.

I have provided true and correct:

* copies of relevant qualifications
* demonstration of active registration of a professional body or association membership
* certificates of currency for insurance (from original insurer and in the name of the applicant
* cancellation policy.

If my application is approved, I undertake to:

* notify the department of any changes to the information provided in this application for the duration of the approved period of service delivery (including updates to information provided for approval as a Redress Counselling Service provider)
* disclose past or present associations with institutions participating in the Victorian Redress for Historical Institutional Abuse or the Royal Commission into Institutional Responses to Child Sexual Abuse
* provide updated professional association registrations and relevant insurance certificates annually to remain listed and eligible to deliver Redress Counselling Services
* deliver services within the maximum fees outlined in the [Requirements for Service Providers](https://dhhsvicgovau.sharepoint.com/%3Aw%3A/r/sites/ourbriefings/RequestDocumentsMemoranda/BAC-DM-21824/BAC-DM-21824%20-%20Att%202%20-%20Redress%20Counselling%20Service-%20Requirements%20for%20Service%20Providers.docx?d=w62dd503cce834fbb8abdc199e33380d0&csf=1&web=1&e=LxeeuQ) document
* invoice the Redress Counselling Service only for sessions that have been approved (i.e. up to 20 sessions per client over the course of Redress), understanding sessions delivered outside these arrangements will not be paid by the Redress Counselling Service
* issue invoices to the Redress Counselling Service promptly within 28 days of the session(s) being delivered (and by 10 June for End of Financial Year processing)

I also acknowledge that:

* extension sessions will not be granted or paid under any circumstances.

# Provider acknowledgement

* I understand that being listed as a Redress Counselling Services provider does not guarantee referrals or ongoing work
* I confirm that I have read and understood the [Requirements for Service Providers](https://dhhsvicgovau.sharepoint.com/%3Aw%3A/r/sites/ourbriefings/RequestDocumentsMemoranda/BAC-DM-21824/BAC-DM-21824%20-%20Att%202%20-%20Redress%20Counselling%20Service-%20Requirements%20for%20Service%20Providers.docx?d=w62dd503cce834fbb8abdc199e33380d0&csf=1&web=1&e=LxeeuQ) document and confirm that if approved I will deliver sessions under the Redress Counselling Service in full compliance with these requirements
* I agree to provide the department with updated professional association registration and relevant insurance certificates annually to continue to be listed and eligible to provide services
* I have reviewed the collection notice and agree to the use of my information as outlined.

| Instructions | Provider details |
| --- | --- |
| Name of service provider applying |  |
| Provider signature |  |
| Date |  |

# Department approval

| Information required | Mark with an X |
| --- | --- |
| Approved |  |
| Not approved |  |

**If not approved, provide reason and/or required amendments below.**

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## Approver details

|  |  |
| --- | --- |
| Name of approver: |  |
| Title of approver: |  |
| Signature: |  |
| Date: |  |

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| To receive this document in another format, phone the Redress team on 1800 716 870 (free call) between 9 am to 5 pm, Monday to Friday or email victorianredress@dffh.vic.gov.au.**Help for people with hearing or speech communication difficulties**Contact us through the National Relay Service (NRS). For more information about the NRS visit [National Relay Service](https://www.accesshub.gov.au/about-the-nrs) https://www.accesshub.gov.au/about-the-nrs or call the NRS Helpdesk on 1800 555 660.Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Australia, Department of Families, Fairness and Housing, July 2025.In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation.Available at insert [Providing counselling services for Redress for Historical Institutional Abuse](https://providers.dffh.vic.gov.au/providing-counselling-redress), https://providers.dffh.vic.gov.au/providing-counselling-redress  |

1. https://www.traumasupport.com.au/ [↑](#footnote-ref-2)
2. https://www.victimsofcrime.vic.gov.au/fas [↑](#footnote-ref-3)
3. https://www.ahpra.gov.au/ [↑](#footnote-ref-4)
4. https://www.aasw.asn.au/ [↑](#footnote-ref-5)
5. https://www.dffh.vic.gov.au/publications/privacy-policy [↑](#footnote-ref-6)