

# Approved form AF2014 - 98

made under the

## Corrections Management Act 2007, section 228

# Corrections Management Act 2007- Form 1

Australian Capital Territory  
*Corrections Management Act 2007*

## Claim for compensation

The compensation and injury management scheme for detainees (the scheme) is established under the Corrections Management Regulation 2010 (the Regulation). The scheme provides for when a detainee is entitled to compensation for injury, medical treatment and damages including for death.

Please complete this form if you wish to make a claim for compensation under the scheme.

If you are not completing the form electronically you may attach your response on a separate piece of paper if there is not enough space.

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### PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

STATE:

POST CODE:

EMAIL ADDRESS:

PHONE NUMBER:

DATE OF BIRTH:

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### QUESTIONS AND REQUEST FOR INFORMATION

State the nature of your injury; how and where did it occur?

Date injury was sustained:

At the time of your injury were you:

Detained in a correctional centre

Undertaking community service work as directed by ACT Corrective Services

Neither of the above

Why were you detained or undertaking community service at the time of your injury?

Did you tell a corrections officer as soon as possible after being injured?

Who did you tell and what was the date?

Did you complete an injury notice?

Yes

No

Have you engaged in any employment since the date of your injury or incapacity?

Yes

No

If yes please state full particulars of your employment.

Do you have a claim against any person, firm or company for compensation or any payment in respect of the injury?

Yes

No

If yes please provide particulars.

Have you sustained a previous injury? If so, please state full particulars of previous injuries.

Do you suffer from a pre-existing condition or abnormality? If so please state full particulars of pre-existing conditions and/or abnormalities.

## CHILDREN AND DEPENDENTS

If you have any living children under the age of 16, or any dependent children between the ages of 16 and 25 who are full-time students, give particulars:

Names of children and  
date of birth:

State the extent of  
dependence the children  
have on the applicant.

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## DECLARATION

I                      Your name and  
   address:

hereby claim compensation under the Corrections Management Regulation 2010 in respect of personal injury sustained by me and arising out of and in the course of my detention in a correctional centre; or community service work performed by me as directed by ACT Corrective Services.

I also declare that, to the best of my knowledge and belief, the following replies to the questions and requests for information are true and correct in every particular.

I understand that giving false or misleading information is a serious offence. I declare that the information provided in this form is complete and correct.

Name:

Signature:

Date:

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## **SUBMIT YOUR CLAIM**

The claim should be addressed  
to:

Executive Director,  
ACT Corrective Services  
GPO Box 158  
CANBERRA ACT 2601

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### **Endnotes**

1. A claim for compensation must be accompanied by a medical assessment of the injured person (see section 36 of the Regulation — making a claim).
2. A claim for compensation in relation to an injury may not be made earlier than 2 years after the injury unless authorised by the ACT Civil and Administrative Tribunal or where the injury has stabilised (see section 37 of the Regulation— time for making claim).
3. Following a claim you may be requested to undergo a full medial assessment by a medical specialist.