

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



Privacy Notice

The personal information collected on this form is collected for the purposes of assessing your application under the CDDA Scheme and is protected by the *Privacy Act 1988* (www.comlaw.gov.au/series/c2004a03712).

All personal information you provide on this form is handled and stored in accordance with IP Australia's Privacy Policy (www.ipaustralia.gov.au/about-us/what-we-do/privacy-policy/).

The Privacy Policy contains relevant information, including:

- how you may seek access to and correction of the personal information we hold;
- how you may make a complaint about a breach of the Privacy Act and how we will deal with your complaint; and
- IP Australia's Privacy Contact Officer details.

Any personal information you provide will be used by IP Australia staff to assess your claim for compensation and may also be disclosed to other Australian Government entities or APS employees if necessary due to government restructure following changes in portfolio responsibility.

If you do not provide the personal information required on the form, IP Australia may not process your claim and may not be able to assess if any compensation is payable to you.

IP Australia will not otherwise use or disclose your personal information without your consent, unless authorised or required by or under law.



Application for Compensation for Detriment Caused by Defective Administration (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:

Director Audit
IP Australia
PO Box 200
Woden ACT 260

Woden ACT 260)6 					
Section 1: Pe	ersonal d	details				
Title:			Surname:			
Given Names:					Date of bi	rth:
Residential						
Address:				State	Po	stcode
Postal address (if same as	residentia	al addess, write 'as a	above')		
Address:						
				State	Po	stcode
Home Phone:			Work Phone:		Mobile Phone:	
Email Address						
you consider con	ntributed to	the defe		Please attach any av		d circumstances which locuments. If there is

	ate document.	
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at is the total amount of compensation	you are seeking for this detriment?	
	ated. <i>Please attach any avaliable supporti</i>	ng documents (eg. medical bills). If
re is insufficient space, please attach a	a separate document.	
Supporting Do	ocuments (eg. medical bills)	Amount (\$)
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	ther details and declaration		
Other details			
Are there any o olease provide		tant and have no	t yet been mentioned in the application? If so,
oledde provide	ictano.		
Additional Info	rmation:		
	t CDDA payments may be taxable. Ple to determine your own circumstances		Australian Taxation Office or seek independent
	n on the CDDA Scheme can be found nce/cdda-scheme/	at: http://www.fir	nance.gov.au/resource-management/discretionary
Declaration:			
	pest of my knowledge and belief, the ine, and that all relevant information ha		have supplied in or attached to this application is
Signature:		Date:	
J		_	