



## CDDA Scheme Application Form

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:

**Legal Division**  
**Australian Government Department of Health, Disability and Ageing**  
**GPO Box 9848**  
**Canberra ACT 2601**  
**Email: Discretionary.Compensation@Health.gov.au**

### Section 1: Personal details

1. Your title **Mr / Mrs / Ms / Miss / other** \_\_\_\_\_

2. Your surname (family name)

3. Your given name(s)

4. Date of birth

5. Residential address

State:

Postcode:

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

State:

Postcode:

7. Contact details

Home phone:

( )

Work phone:

( )

Mobile phone:

Email address:



## Section 2: Application details

1. Please explain how the Department of Health, Disability and Ageing'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.*

2. Please explain what detriment you have suffered. *Please attach any available supporting documents. If there is insufficient space, please attach a separate document.*

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

\$



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

4. 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>
	\$
	\$
	\$
	\$
	\$

5. 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.*

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



## Section 3: Other details and declaration

### Other details

1. 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 409 published by the [Australian Government Department of Finance](#).

### 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
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### Privacy disclosure

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