**VOCAT Cultural Support Plan Purpose**

*The Vocat Cultural Support Plan enables the Tribunal to understand an Aboriginal or Torres Strait Islander applicants’ connections to culture. This understanding provides an insight into what supports may be required to assist an Aboriginal or Torres Strait Islander applicant in their healing journey and assist with their recovery from the impacts of crime.*

**Section 1: Applicant Details**

|  |  |  |
| --- | --- | --- |
| **1.1** | **Name:** | Click or tap here to enter text. |
| **1.2** | **Application Number:** | Click or tap here to enter text. |
| **1.3** | **Date of birth:** | Click or tap here to enter text. |
| **1.4** | **Hearing Date:** | Click or tap here to enter text. |
| **1.5** | **Address:** | Click or tap here to enter text. |
| **1.6** | **Email:** | Click or tap here to enter text. |
| **1.7** | **Mobile:** | Click or tap here to enter text. |

**Section 2: Cultural Identification**

|  |  |  |
| --- | --- | --- |
| **2.1** | **Your Mob**  (You are Aboriginal/Torres Strait islander/ Aboriginal and Torres Strait Islander? | Click or tap here to enter text. |
| **2.2** | **Your Nation/clan:** | Click or tap here to enter text. |
| **2.3** | **Your Language Group:** | Click or tap here to enter text. |
| **2.4** | **Your Totem:** | Click or tap here to enter text. |
| **2.5** | **Your Land or Water:** | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **3.1** | **Story of your mother’s country** | Click or tap here to enter text. |
| **3.2** | **Story of your father’s country** | Click or tap here to enter text. |

**Section 3: Cultural Connections**

**Section 4: Family contacts and significant relationships**

**Parents**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Mother** | **Father** |
| **4.1** | **Name** | Click or tap here to enter text. | Click or tap here to enter text. |
| **4.2** | **Aboriginal/Torres Strait Islander** | Click or tap here to enter text. | Click or tap here to enter text. |
| **4.3** | **Clan** | Click or tap here to enter text. | Click or tap here to enter text. |
| **4.4** | **Language** | Click or tap here to enter text. | Click or tap here to enter text. |
| **4.5** | **Level of contact** | Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Relationship** | **Level of contact** |
| **4.6** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **4.7** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **4.8** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **4.9** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Siblings**

**Other key family members**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Relationship** | **Level of contact** |
| **4.10** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **4.11** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **4.12** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **4.13** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Other people significant**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Relationship** | **Level of contact** |
| **4.14** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **4.15** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Section 5: Your cultural journey so far**

**History of the community where you live**

|  |  |
| --- | --- |
| **5.1** | **Click or tap here to enter text.** |

**What supports do you have in place already?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Relationship** | **Contact details** |
| **5.2** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **5.3** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Your cultural journey so far?**

* Have you returned to Country or still living there?
* Do you have confirmation of Aboriginality?

|  |  |
| --- | --- |
| **5.4** | **Click or tap here to enter text.** |

**How is it going for you? (Your reflections about their own cultural journey) \*part of their healing**

* What activities have you participated in? (For example, artwork, music, NAIDOC, or other cultural events)
* What are you most proud of?
* What helps you feel that you belong to your community

|  |  |
| --- | --- |
| **5.5** | **Click or tap here to enter text.** |

**Section 6: Healing Journey support**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal** | **Tasks** | **Responsibility** | **Timing/frequency** | **Notes/comments** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Section 7: Consent and Privacy**

***Consent may be obtained from the applicant at any time during or after this Cultural Support Plan has been completed.***

**Privacy**

Personal information shared with the Tribunal is confidential. Information will only be shared with your consent, unless required or permitted by law.

Personal information will be collected and stored by the Victims of Crime Assistance Tribunal to make decisions pursuant to the *Victims of Crime and Assistance Act 1996*.

**Record of Consent**

The Tribunal Registrar/Officer has discussed with me how and why certain information about me may be shared with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and/or

the Magistrates’ Court of Victoria (*strike-out*). I understand this and give my consent for information to be shared.

|  |  |  |
| --- | --- | --- |
| Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:  \_\_\_/\_\_\_/\_\_\_\_\_\_\_ | OR verbal consent given:  Name of the person who obtained consent:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:  \_\_\_/\_\_\_/\_\_\_\_\_\_\_ |

**Tribunal Registrar/Officer to Complete**

|  |  |  |
| --- | --- | --- |
| The purpose of sharing and disclosing information, privacy rights and limits of confidentiality have been discussed and the applicant who has given informed consent | |  |
| I have offered/ provided (*circle*) the applicant a copy of this completed form | |  |
| **Comments:** | | |
| **Consent obtained/witnessed by:** | | |
| Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Position:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Tribunal Registry Location:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |