

Defective Administration Compensation Application Form

Privacy notice

Your personal information is protected by law, including the Privacy Act 1988. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

Read more: How DVA manages personal information.

Purpose of this form

This form allows individuals to claim compensation under the Compensation for Detriment caused by Defective Administration Scheme (CDDA Scheme). The CDDA scheme enables Government agencies to compensate individuals who have experienced losses caused by the agency's defective actions or inactions. The purpose of the CDDA Scheme is to put the claimant back into the financial position they would have been in had the defective administration not occurred.

Definition of "Defective Administration"

Actions which constitute defective administration include:

- A specific and unreasonable lapse in complying with existing administrative procedures that would normally have applied to the claimant's circumstances; or
- An unreasonable failure to institute appropriate administrative procedures to cover a claimant's circumstances; or
- An unreasonable failure to provide proper advice that was within an official's power and knowledge (or was reasonably capable of being obtained by the official); or
- Giving advice that was, in all circumstances, incorrect or ambiguous.

When the CDDA Scheme is NOT available?

The Department of Veterans' Affairs (DVA) will be unable to consider an application under the CDDA Scheme:

- Where the Commonwealth is likely to be found liable for a legal claim if the matter were litigated in court;
- Where there is an administrative review mechanism which can provide a remedy for the defective administration i.e. case review or reconsideration:
- If you have a debt due to DVA and you claim the debt arose as the result of our error (in that case, you should apply to us for a debt waiver);
- Where you have received the wrong advice that you were entitled to a DVA
 payment and it is later established you were not entitled, unless you incurred
 losses that would not have been incurred as a result of changing your position
 in reliance on the incorrect advice:
- Your claim concerns the actions or responsibilities of another Federal Government Department;
- If you are seeking compensation to supplement another entitlement related to an injury/incapacity.

Types of loss which can be claimed

Compensation is payable if the loss suffered is a direct result of the defective administration.

Loss or injury can be claimed for:

- Financial loss;
- Detriment relating to personal injury, including a recognised mental illness;
- Damage to property:
- · Bank Dishonour fees.

Note: Compensation will not be given for grief, anxiety, embarrassment or disappointment that is unrelated to a personal injury that is being compensated under the CDDA scheme.

Assistance from ex-service organisations

Telephone numbers for these organisations can be found in local telephone directories or by contacting the DVA in your State.

How to contact DVA

For information, please call the Department of Veterans' Affairs (from anywhere in Australia) on:

1800 555 254

State	Address	Postal address
New South Wales	Centennial Plaza Tower B 280 Elizabeth Street Sydney NSW 2001	GPO Box 9998 Brisbane QLD 4001
Victoria	300 La Trobe Street Melbourne VIC 3000	GPO Box 9998 Brisbane QLD 4001
Queensland	480 Queen Street Brisbane QLD 4000	GPO Box 9998 Brisbane QLD 4001
South Australia	Westpac House 91 King William Street Adelaide SA 5000	GPO Box 9998 Brisbane QLD 4001
Western Australia	AMP Building 140 St Georges Terrace Perth WA 6000	GPO Box 9998 Brisbane QLD 4001
Tasmania	Barrack Place 254 – 286 Liverpool Street Hobart TAS 7001	GPO Box 9998 Brisbane QLD 4001
Northern Territory	Winnellie Central 14 Winnellie Road Winnellie NT 0820	GPO Box 9998 Brisbane QLD 4001
Australian Capital Territory	6 Bowes Street Woden ACT 2606	GPO Box 9998 Brisbane QLD 4001

	PART A	Personal Details	
	(To be completed by the person who	is claiming under the CDDA Scheme)	
1.	DVA File number (if known)		
2.	Your surname		
3.	Your given name(s)		
4.	Postal address		
		POSTCODE	
5.	Contact details	Home telephone Work telephone	
		Mobile Facsimile	
		Email address	
	PART B	Representative's Details	
6.	Do you wish to nominate a representative or organisation to act for you in matters related to this application?	Yes Full name of nominated representative Organisation (if applicable) Address POSTCODE Home telephone Work telephone	
		Facsimile	
		Email address	
7.	Is the representative trained under the Training and Information Program (TIP)?	No Service To what level?	

	PART C	Details of Your Claim
8.	Please outline full details of your claim. (Please provide as many details	
	as possible to assist DVA to	
	make a determination on your application and attach all relevant	
	documents).	
		If insufficient space, please attach a separate sheet.
9.	What actions have you taken to resolve the matter?	
	(e.g. contacting the official	
	responsible, internal review, ombudsman, courts or tribunals).	
		If insufficient space, please attach a separate sheet.
10.	What is the status and/or outcomes of these actions?	
		If insufficient space, please attach a separate sheet.
11.	Please explain how the administration provided by DVA	
	was defective.	
	(You should outline the events and circumstances which you consider	
	contributed to the defective administration (include names,	
	dates and places of where the	
	dealings took place)).	

If insufficient space, please attach a separate sheet.

D1397 0321 P4 of 6

	PART C	Details of Your Claim continued	
12.	What losses or injuries have you suffered as a direct result of the defective administration?		
		If insufficient space, please attach a separate sheet.	
	or frustration that is unrelated to a phow intense the emotion may be. The defective Administration must h	e solely for grief, anxiety, hurt, humiliation, embarrassment, disappersonal injury which is being compensated under the CDDA Sch ave been directly responsible for the loss or injury suffered. The as will be considered when determining if DVA is directly respons	eme, no matter actions of yourself
13.	What is the total amount of compensation you are seeking for the losses suffered?	\$	
14.	Please specify how the total amount claimed is calculated.	Description of Claimed Item	Amount
	(Provide a detailed breakdown of the amount you are claiming and		\$
	attach any available documents).		\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
15.	If you are not seeking monetary compensation, how would you		
	like your claim to be addressed?		

If insufficient space, please attach a separate sheet.

PAKI D	Deciaration	
	I declare that the information provided in this form is complete and correct. I understand that giving false or misleading information is a serious offence.	
	Signature	
		Date
		/ /

Please insert agents Authority if applicable.