



## **Purpose of this form**

This form is to assist you to make a claim under the Compensation for Detriment caused by Defective Administration Scheme (CDDA Scheme).

The CDDA Scheme enables the Office of the Official Secretary to the Governor-General (the 'Office') to pay compensation when a person or organisation has suffered detriment as a result of the Office's defective administration, when there is no legal requirement to make a payment. The CDDA Scheme provides that if a minister or an official authorised by the minister considers that an official of the entity, acting, or purporting to act, in the course of duty, has directly caused a claimant to suffer detriment, or, conversely, prevent the claimant from avoiding detriment, due to:

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

## **Additional information**

We apply the guidelines for the CCDA Scheme published by the Department of Finance on their website in the relevant Resource Management Guide 409: Scheme for Compensation for Detriment caused by Defective Administration. For more information go to [finance.gov.au](http://finance.gov.au) and search for 'CDDA'. It is recommended that you read the information provided by the Department of Finance before submitting your application.

### **Contracted service providers**

The actions of contracted service providers are not within the scope of the CDDA Scheme. Where a person alleges that the actions of a contracted provider may have caused financial detriment to them, the matter may be considered under the act of grace mechanism.

### **Australian Taxation Office**

Please note that CDDA payments may be taxable. Please contact the Australian Taxation Office or seek independent financial advice to determine your own circumstances.

### **If you disagree**

If you are dissatisfied with the decision or the way we have handled the matter, you can seek assistance from the Commonwealth Ombudsman. The Ombudsman can look at whether the decision was fair and reasonable in the circumstances. You can call the Ombudsman's office on 1300 362 072 for the cost of a local call anywhere in Australia.

### **Returning your form**

Check that all required questions are answered and that the form is signed and dated.

Return this form (including any supporting documentation):

Chief Financial Officer  
Office of the Official Secretary to the Governor-General  
Government House  
Dunrossil Drive  
YARRALUMLA ACT 2600



### Section 1: Personal details

Title:	<input type="text"/>	Surname:	<input type="text"/>		
Given names:	<input type="text"/>	Date of birth (mm/dd/yyyy):	<input type="text"/>		
Residential Address:	<input type="text"/>				
Suburb:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>
Postal Address (if same as residential address, write 'as above')					
Postal Address:	<input type="text"/>				
Suburb:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>
Phone (home):	<input type="text"/>	Phone (work):	<input type="text"/>	Phone (mobile):	<input type="text"/>

### Section 2: Details of the claim

Please explain how the Office's administration was defective. You should outline the events and circumstances that you consider contributed to the defective administration. Please attach any available supporting documents. If there is insufficient space, please attach a separate document.



**APPLICATION FOR  
COMPENSATION FOR DETRIMENT CAUSED  
BY DEFECTIVE ADMINISTRATION**

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

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

\$

Please specify how this amount is calculated. Please attach any available supporting documents (e.g. medical bills). If there is insufficient space, please attach a separate document.

Please include a list of the supporting documents included with this application

Document (e.g. medical bills)	Amount
	\$
	\$
	\$
	\$
	\$
	\$



**APPLICATION FOR  
COMPENSATION FOR DETRIMENT CAUSED  
BY DEFECTIVE ADMINISTRATION**

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.

Please advise what action you have taken to resolve this matter (for example, review by agency, Ombudsman, Courts, Tribunals). What is the status of these actions? If there is insufficient space, please attach a separate document.



### **Section 3: Other details and declaration**

#### **Other details**

Are there any other factors that you believe are important and have not yet been mentioned in this application? If so, please provide details.

#### **Privacy Notice**

The information collected in this form is necessary for the Office of the Official Secretary to the Governor-General to assess your application under the CDDA Scheme, and is protected by the *Privacy Act 1988*. If you do not provide the requested information, the Office may not be able to process your claim.

To assess your claim, the Office may contact other Australian Government entities or Australian Public Service employees that could hold information about your claim to request it and use it in order to process your claim. Any information you provide will be used by staff of the Office to assess your claim for compensation and may also be disclosed to other Australian Government entities or Australian Public Service employees.

The Office will not otherwise use or disclose your information without your consent, unless authorised or required by law.

#### **Declaration and authorisation**

I declare 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.

I authorise the Office of the Official Secretary to the Governor-General to collect, use and disclose information held about me by the Office and by other entities for the purpose of processing this application.

Signature

Date