

# Application for Additional Safety Features form

This form is for you to apply to the Department of Territory Families, Housing and Communities for additional safety features to be added to your rental property.

If this application is approved, the Department will add these safety features to the property with no cost to you.

You will need to attach any supporting documents you have with your form. You can lodge these, along with your completed form to your local Housing office.

Tenant details			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:	Date of birth	/ /
First name			
Last name			
Residential or Community address			
Home phone		Work phone	
Mobile		Email	
What safety features are you requesting?			
<input type="checkbox"/> Additional lighting	<input type="checkbox"/> Internal solid core doors	<input type="checkbox"/> Phone line in bedroom	
<input type="checkbox"/> Tree/bush removal	<input type="checkbox"/> Fencing modifications	<input type="checkbox"/> Lockable power meter	
<input type="checkbox"/> Other (Please specify)			
Why are you requesting safety features?			
What relevant support documents can you attach to your application?			

Application for Additional Safety Features form

<input type="checkbox"/> Restraining order	<input type="checkbox"/> Letter from your doctor	<input type="checkbox"/> Letter from a support worker
<input type="checkbox"/> Letter from a refuge	<input type="checkbox"/> Notification from police	<input type="checkbox"/> letter from a D&FV legal service
<input type="checkbox"/> no support documents*	<input type="checkbox"/> Other:	

\*The Department may ask for an appointment to discuss your application. Support documents will help the Department assess your application more quickly.

**Support Agency**

Will a support agency be assisting you with this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please name
Do you want the Department to liaise with this agency regarding this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, complete Authorisation to Disclose Personal Information form

**Statement of Privacy**

*The Department of Territory Families, Housing and Communities only collects personal information which is reasonably necessary, or related to, its functions and activities. If you do not provide the Department with the requested information, we may not be able to provide you with the services or assistance that you are seeking. The information collected will be handled as outlined in our Privacy Policy, which is available on [Information Privacy Policy](#) or can be requested by contacting the Department. By providing your personal information in this form, you consent to the collection, use, storage and disclosure of your personal information as described in our Privacy Policy. You have a right to access and correct any information about you. If you have any queries or concerns about how your personal information is collected and used, please contact the Legal and FOI Unit on (08) 89992602.*

Signature		Date	/ /
-----------	--	------	-----

**Office use only**

Received by		Date	/ /
Group number		Asset number	
TRM reference			

**Property Services to complete**

Application assessed	<input type="checkbox"/> Yes <input type="checkbox"/> No
CPTED completed	<input type="checkbox"/> Yes <input type="checkbox"/> No If CPTED has not been completed, please contact PHSO's to arrange.