

Application Form - NGO Short-Term Indemnity Scheme

Form Preview

Apply for NGO Short-Term Indemnity Scheme

* indicates a required field

Instructions

Please read the [Program Guidelines](#) to ensure your organisation is eligible and the Scheme is appropriate for the needs of your organisation.

Refer to [this page](#) for more information on the **NGO Short-Term Indemnity Scheme**.

For any queries relating to the Scheme, please contact:

NGOindemnityscheme@facs.nsw.gov.au

Confirmation

Have you already joined DCJ's NGO Short-Term Indemnity Scheme? *

- ☐ Yes (Note: You are not eligible to fill out this form.)
- ☐ No

Ineligibility

You are not eligible to fill out this form.

Please note, this form is for **new participants seeking to join** DCJ's NGO Short-Term Indemnity Scheme.

As you have indicated you are a current participant of the Scheme, please contact NGOIndemnityScheme@facs.nsw.gov.au for further guidance.

Organisation Details

* indicates a required field

Organisation Name *

Organisation Name

Hint: This should be the same as the trading name used on any DCJ contract or service agreement.

Organisation ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

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Information from the Australian Business Register

ABN

Entity name

ABN status

Entity type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

[More information](#)

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

Contact Name *

Title

First Name

Last Name

Hint: Primary contact person for any matters related to this application.

Contact Phone Number (including area code) *

Must be an Australian phone number.

Contact Email *

Must be an email address.

Services Provided

Does your organisation have a current contract with DCJ to deliver any of the following programs?

- ☐ Permanency Support (OOHC) Program (PSP)
- ☐ Residential OOHC
- ☐ Short-Term Emergency Placement Model (STEP)
- ☐ Specialist Homelessness Services (SHS)
- ☐ Homelessness Youth Assistance Program (HYAP)
- ☐ Premiers Youth Initiative (PYI)
- ☐ Service Support Fund (SSF)

Note: Select all that apply. You may select more than one option.

Is your organisation engaged by DCJ via fee-for-service arrangements to deliver 'Other' OOHC placement types including Alternate Care Arrangements (ACAs), Individual Placement Arrangements (IPAs), formerly known as Out of Guidelines placements and Special Care placements?

- ☐ Yes
- ☐ No

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You have selected 'No' to being engaged by DCJ via fee-for-service arrangements, and do not provide any of the listed service programs:

- Permanency Support (OOHC) Program (PSP)
- Residential OOHC
- Short-Term Emergency Placement Model (STEP)
- Specialist Homelessness Services (SHS)
- Homelessness Youth Assistance Program (HYAP)
- Premiers Youth Initiative (PYI)
- Service Support Fund (SSF)

Note: You are not eligible for the NGO Short-Term Indemnity Scheme. If you would like to discuss this further please contact: NGOindemnityscheme@facs.nsw.gov.au

Current Insurance Status

* indicates a required field

Please select which situation applies to your organisation: *

- ☐ 1. My organisation currently has insurance cover for physical and/or sexual abuse claims but we have been advised that our renewed policy will not include cover for physical and/or sexual abuse claims.
- ☐ 2. My organisation previously had insurance cover for physical and/or sexual abuse claims but it has not been renewed.
- ☐ 3. My organisation has never held insurance cover for physical and/or sexual abuse claims and has been unable to obtain cover.
- ☐ 4. Other. Please provide details below.

When does your current cover expire? *

Must be a date.

Please provide a copy of the following:

- Your insurance policy
- Certificate of currency confirming the date that your current cover expires
- Copy of correspondence from your insurer or broker confirming that cover for physical and/or sexual abuse claims will not be included in future policies

*

Attach a file:

Name of insurer or broker *

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Date cover lapsed, expired or was declined *

Must be a date.

Please provide a copy of correspondence from your insurer or broker confirming the date that your physical and/or sexual abuse cover lapsed, expired or was declined. *

Attach a file:

Please provide a copy of correspondence from your insurer or broker confirming that cover for physical and/or sexual abuse claims was declined or unavailable. *

Attach a file:

Please provide details of your current insurance status including any relevant documentation. We may contact you to discuss your insurance status further. *

Relevant Documentation

Attach a file:

Claims Declaration

* indicates a required field

During the period you have not had cover for physical and/or sexual abuse, have any claims been made against your organisation for incidents that:

- have occurred after 30 June 2017, and
- were in connection with delivering OOHC and or youth homelessness services on behalf of DCJ.

*

- ☐ Yes
- ☐ No
- ☐ Not applicable (as my organisation currently has cover)

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If YES, please provide the date claim/s were made and date/s of alleged incidents. (DO NOT provide names of persons involved or allegedly involved) *

Please include any relevant attachments:

Attach a file:

Are you aware of any incidents or circumstances that occurred after 30 June 2017 in connection with delivering contracted OOHC and or youth homelessness services on behalf of DCJ that might give rise to a physical and/or sexual abuse claim against your organisation? *

- ☐ Yes
☐ No

If YES, please provide brief details and date/s of incidents or circumstances. (DO NOT provide names of persons involved or allegedly involved) *

Note: DO NOT provide names of persons involved or allegedly involved

Please include any relevant attachments:

Attach a file:

Note: If you have answered yes to either question in the Claims Declaration, icare may contact you and request further information about any claims, or incidents that may give rise to a claim.

Commencement Date

For most service providers, the indemnity period will commence from the date they sign this application form. In some circumstances, service providers will be able to backdate the commencement date to when they lost or were unable to obtain cover, with the **earliest date being 1 October 2022**.

What date would you like the indemnity to commence?

- ☐ From the date this application for indemnity is signed.
☐ From the date my organisation's current cover expires, as indicated in the 'Current Insurance Status' section.
☐ From the date my organisation was unable to obtain or ceased to have insurance cover for claims of physical and/or sexual abuse. Note, this option is only relevant for service

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providers who have had a claim made against them since they lost or were unable to obtain cover, where the claim: (i) relates to an incident which occurred after 30 June 2017, and (ii) for which they do not have cover for under a previous insurance policy.

Application Declaration

* indicates a required field

As an authorised representative, I agree to the following statements:

- I have read and understood the Short-Term Indemnity Scheme Program Guidelines
- I wish to apply to DCJ's Short-term Indemnity Scheme for physical and sexual abuse claims.
- I have undertaken due diligence to identify the insurance needs for my organisation.
- I declare that the information provided in this application is true and correct.

Note: If the information provided in this application is incorrect it may impact the cover provided to your organisation under the NGO Short-Term Indemnity Scheme.

I agree to the above declaration: *

☐ Yes

Name of Authorised Representative *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position of Authorised Representative *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.