FAMILY AND SEXUAL VIOLENCE   
VICTIM-SURVIVOR ADVISORY COUNCIL

TIME-LIMITED REGISTER

**Register Your Details**

Submit your completed form via email to [vsac@dpac.tas.gov.au](mailto:vsac@dpac.tas.gov.au)

**Privacy Collection Statement**

The Department of Premier and Cabinet is committed to protecting personal information provided by you in accordance with Tasmanian Privacy Laws.

The information you share in this form will be retained on the register for two years, and will be shared with a small number of staff within the Department of Premier and Cabinet.

**Need assistance completing this form?** We’re here to help.

Our Team can provide you with support to read, understand and complete this document.

**Contact us on:** Family Safety Secretariat   
Email: [vsac@dpac.tas.gov.au](mailto:vsac@dpac.tas.gov.au) or Phone: 03 6232 7802

**Seeking Help**

If you or someone you know is impacted by family violence, call the **Family Violence Counselling Support Service on 1800 608 122** (9am – midnight weekdays or 4pm – midnight weekends and public holidays)

If you or someone you know is impacted by sexual violence call **1800MYSUPPORT on 1800 697 877**.

For online chat options visit [1800respect.org.au](https://1800respect.org.au/)

For more information visit [www.safefromviolence.tas.gov.au](https://www.safefromviolence.tas.gov.au/)

In an emergency, always call **000**.

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| **FAMILY AND SEXUAL VIOLENCE VICTIM-SURVIVOR**  **TIME-LIMITED REGISTER FORM**  Please return your completed form to [vsac@dpac.tas.gov.au](mailto:vsac@dpac.tas.gov.au) |

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| **PERSONAL INFORMATION**  Your personal information will be managed in accordance with the *Personal Information Protection Act 2004*.  You can request access to your personal information from the Department of Premier and Cabinet.  Your details will be kept on the register for two years, and you can request to have your details removed from the register at any time. |
| Legal Name |
| Preferred name |
| Phone / Mobile |
| Email |
| Preferred contact method - *please circle your preferred option*   * Email * Phone * Text then phone call * Email or phone call |
| Postcode |
| Gender |
| Pronouns |