

BRAVEHEARTS INC

Bravehearts Inc. is a non-government community organisation dedicated to the rights and needs of survivors/victims and to the protection of all children against sexual assault

SADS No: _ _ _ _ _

Form A - Membership Application

Sexual Assault Disclosure Scheme (SADS)

IMPORTANT

- All information on this form will remain the exclusive property of Bravehearts Inc.
- No information on this form will be provided to the police, unless permission is provided.
- IF YOU HAVE CURRENT CHILD PROTECTION CONCERNS PLEASE CONTACT YOUR LOCAL POLICE OR CHILD PROTECTION AUTHORITY.

IMPORTANT INSTRUCTIONS

Post this form (Form A) together with your proof of name and address to:

SADS- Bravehearts Inc

PO Box 575

Arundel BC, Qld 4214

Form B 'Alleged Offender Details' must also be completed and returned to Bravehearts to ensure serious consideration of the disclosure.

Date: _ / _ / _ _

Was this offence/s committed against you or someone else (eg. your child)?

(Please Circle) **YOU** or **SOMEONE ELSE** Details: _____

Which State/Territory did the offence/s occur: _____

Date of Birth: _____

Your Name: _____

Your Address: _____

Your Phone: Ah: () _____ Bus: () _____

Fax: _____ Mobile: _____

Email: _____ Nationality/Culture _____

This notification may not be treated with the same degree of Authenticity failing the completion and return of both forms A & B

(Please cross if you would like more information on the following):

support services available in your area; *and/or*

details about Bravehearts Inc.

Your vital involvement will help us to provide this invaluable service aimed at protecting innocent children, validating survivors and identifying offenders.

BRAVEHEARTS INC

Bravehearts Inc. is a non-government community organisation dedicated to the rights and needs of survivors/victims and to the protection of all children against sexual assault

SADS No:

Form B - Alleged Offender Details

Sexual Assault Disclosure Scheme (SADS)

IMPORTANT INSTRUCTIONS

You are not required to include any identifying information about yourself on this Form B. The following information about the alleged offender is required (if known and/or applicable).

Post this form (Form B) directly to

SADS - Bravehearts Inc
PO Box 575
Arundel BC, Qld 4214

**This Form will be forwarded to the relevant police service by Bravehearts.
Form A 'Membership Application' must also be completed and returned to
Bravehearts to ensure serious consideration of the disclosure.**

Please indicate the type of offence committed

- Sexual Assault: Against yourself/victim as a child
 Against yourself/victim as an adult

Other Offence: Please describe _____

Alleged offenders current name: _____

Any alias/nickname/previous name: _____

Alleged offenders current address: _____

Alleged offenders previous address: _____

State that the offence first occurred in : _____

Suburb/town that the offence first occurred in: _____

Address where alleged offences occurred: _____

Current type and/or place of employment/engagement: _____

Previous type and/or place of employment/engagement: _____

Relationship to alleged offender: _____

Vehicles they owned/used: _____

