

# APPLICATION FOR ORDER IN THE HUMAN RIGHTS LIST

## NEED HELP WITH YOUR APPLICATION?

If you have any questions about completing this form:

- call 1300 018 228 Monday - Friday 9am - 4.30pm
- email [humanrights@vcat.vic.gov.au](mailto:humanrights@vcat.vic.gov.au)

## PRIVACY INFORMATION

VCAT's privacy statement is available at [www.vcat.vic.gov.au/privacy](http://www.vcat.vic.gov.au/privacy).

## WHAT ARE YOU APPLYING FOR?

### 1. What are you applying for?

- An order under the *Equal Opportunity Act 2010* or the *Racial and Religious Tolerance Act 2001*
- A section 89 exemption from the provisions of the *Equal Opportunity Act 2010*
- An application to have a VCAT proceeding struck out or dismissed under the *VCAT Act 1998*
- An application for an interim order or injunction
- Registration of a conciliation agreement
- An order under the *Gender Equality Act 2020* directing a public sector agency, university or council to comply with a compliance notice
- An order under the *Gender Equality Act 2020* to enforce an undertaking
- Registration of agreement reached under section 32 of the *Change or Suppression (Conversion) Practices Prohibition Act 2021*
- An order under the *Change or Suppression (Conversion) Practices Prohibition Act 2021* requiring a person to comply with an enforcement undertaking or compliance notice

## WHAT IS YOUR APPLICATION ABOUT?

Complete this section if you are applying under the Equal Opportunity Act 2010 or the Racial and Religious Tolerance Act 2001. Otherwise, skip to Question 7 in the section 'Reasons for application' on page 3.

### 2. What is your application about?

- Discrimination

**Which of the following attributes (personal characteristics) do you believe apply to your discrimination application?**

- |  |   |
|--|---|
| <input type="checkbox"/> Age   | <input type="checkbox"/> Race                           |
| <input type="checkbox"/> Physical features   | <input type="checkbox"/> Industrial activity            |
| <input type="checkbox"/> Breastfeeding   | <input type="checkbox"/> Sex                            |
| <input type="checkbox"/> Political belief or activity  | <input type="checkbox"/> Lawful sexual activity         |
| <input type="checkbox"/> Profession, trade or occupation   | <input type="checkbox"/> Sexual orientation             |
| <input type="checkbox"/> Employment activity   | <input type="checkbox"/> Sex characteristics            |
| <input type="checkbox"/> Pregnancy   | <input type="checkbox"/> Marital status                 |
| <input type="checkbox"/> Gender identity   | <input type="checkbox"/> Parental or carer status       |
| <input type="checkbox"/> Religious belief or activity  | <input type="checkbox"/> Expunged homosexual conviction |
| <input type="checkbox"/> Disability  | <input type="checkbox"/> Spent convictions              |
| <input type="checkbox"/> Personal association with someone who has or is assumed to have one of these personal characteristics |   |

**In which area did the discrimination occur?**

- |  |  |
|--|--|
| <input type="checkbox"/> Employment              | <input type="checkbox"/> Accommodation                   |
| <input type="checkbox"/> Employment-related area | <input type="checkbox"/> Clubs and club members          |
| <input type="checkbox"/> Education               | <input type="checkbox"/> Provision of goods and services |
| <input type="checkbox"/> Sport                   | <input type="checkbox"/> Local government                |

- Sexual harassment

**Where did the sexual harassment occur?**

- |   |  |
|---|--|
| <input type="checkbox"/> Harassment by employers and employees  | <input type="checkbox"/> Harassment in the provision of goods and services |
| <input type="checkbox"/> Harassment in common workplaces        | <input type="checkbox"/> Harassment in the provision of accommodation      |
| <input type="checkbox"/> Harassment in industrial organisations | <input type="checkbox"/> Harassment by members of qualifying bodies        |
| <input type="checkbox"/> Harassment as a volunteer              | <input type="checkbox"/> Harassment in educational institutions            |
| <input type="checkbox"/> Harassment by partners                 | <input type="checkbox"/> Harassment in local government                    |
| <input type="checkbox"/> Harassment in clubs                    |  |

- Failure to make reasonable adjustments for a person with a disability

**In which area did the failure to make reasonable adjustments for a person with a disability occur?**

- |                                     |                                    |  |
|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Education | <input type="checkbox"/> Provision of goods and services |
|-------------------------------------|------------------------------------|--|

- Failure to make reasonable adjustments for a parent or carer

**In which area did the failure to make reasonable adjustments for a parent or carer?**

- |                                     |                                    |  |
|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Education | <input type="checkbox"/> Provision of goods and services |
|-------------------------------------|------------------------------------|--|

- Victimisation

- Prohibition on requesting discriminatory information

- Authorising or assisting discrimination
- Racial vilification
- Religious vilification
- Other, provide details below:

**3. Provide a summary of the incident(s)**

Detail what happened to make you think you have been discriminated against, sexually harassed, vilified or subjected to other prohibited conduct. Include dates and times of incidents (if known), who was responsible for each incident, their relationship to you, and how the conduct affected you.

If you need more space, include an attachment with your application.

**4. Did the most recent incident/s you are applying about happen more than 12 months ago?**

- Yes                       No

**5. Are the incidents still happening?**

- Yes                       No

**6. Have you made a complaint, brought a dispute or have you spoken to another organisation about this matter?**

For example, Victorian Equal Opportunity and Human Rights Commission, Australian Human Rights Commission, Fair Work Commission.

- Yes                       No

**REASONS FOR APPLICATION**

**7. Briefly state your reasons for making this application**

## SECTION 89 EXEMPTION FROM THE EQUAL OPPORTUNITY ACT 2010

8. If you are applying for a section 89 exemption from the provisions of the *Equal Opportunity Act 2010*, state the name of your organisation or company.

Organisation/company name

## APPLICANT DETAILS

### 9. Your details

Contact name

Email

Phone number

Street address

Suburb

State

Postcode

### 10. Are you applying on behalf of someone else?

Yes

No – skip to Question 15

### 11. What is your relationship with the person you are making this application on behalf of?

If there is more than one applicant, attach an additional page with their details.

### 12. Are you making a representative application?

A representative application is made on behalf of a group of people. Consider getting legal advice before making a representative application.

No

Yes

## DETAILS OF THE PERSON YOU ARE APPLYING ON BEHALF OF

### 13. Details of the person you are making this application on behalf of

Given names

Family name

Street address

Suburb

State

Postcode

Phone number

Email

### 14. Does the person you are applying on behalf of identify as someone of Aboriginal and/or Torres Strait Islander descent?

No

Yes

**15. Has the person made a previous application to VCAT?**

No

Yes, provide the VCAT reference number (if known)

**16. Who should we send VCAT correspondences to?**

To my address as provided in Question 9

To the address of the person I am applying on behalf of, as provided in Question 13

Use address below

Street address

Suburb

State

Postcode

## RESPONDENT DETAILS

Complete this section unless you are applying for a section 89 exemption from the provisions of the *Equal Opportunity Act 2010*. If you are applying for an exemption of the *Equal Opportunity Act 2010*, skip to the 'Hearing Arrangements' section on page 6.

If there is more than one respondent, attach an additional page with their details

**17. The respondent is a:**

An individual

A body or organisation or company

**If the respondent is an individual:**

Given names

Family name

Relationship to the applicant

**If the respondent is an organisation or company:**

Organisation or company name

ABN or ACN

**18. Respondent's address and contact details**

Street address

Suburb

State

Postcode

Phone number

Email

## HEARING ARRANGEMENTS

We offer a range of support services for people with disability, language difficulties and to help with accessibility. Let us know of your needs so we can make arrangements for the hearing.

### 19. Does anyone mentioned in this application need special assistance at the hearing?

- Help accessing the venue (e.g. wheelchair access)
- Interpreter required

Language:

- Assisted communication (e.g. assistive listening device or hearing loop)
- Attend the hearing by phone or video link
- Other

Provide more detail about who needs the forms of assistance you have indicated and why.

## SUPPORTING DOCUMENTS

Ensure you attach the following to your application:

- Any material that supports your application
- If you are applying for a section 89 exemption from the provisions of the *Equal Opportunity Act 2010*, complete and attach an affidavit from [www.vcat.vic.gov.au/affidavit](http://www.vcat.vic.gov.au/affidavit)
- If you are applying for a registration of a conciliation agreement, attach a copy of the conciliation agreement

## ACKNOWLEDGEMENT

By completing this application, I understand and acknowledge that:

- To the best of my knowledge, all information provided in this application is true and correct.
- It is an offence under section 136 of the *Victorian Civil and Administrative Tribunal Act 1998* to knowingly give false or misleading information to VCAT.
- I will provide a copy of my application to the respondent/s (unless I am making a sexual harassment claim).

Date of acknowledgement (DD/MM/YYYY):

## ABOUT VCAT FEES

To apply for a section 89 exemption from the provisions of the *Equal Opportunity Act 2010*, you must pay an application fee if you are one of the following:

- a business or company with a turnover of more than \$200,000 in the previous financial year
- a corporate entity
- a government agency.

To find out how much an application fee is for a section 89 exemption from the provisions of the *Equal Opportunity Act 2010*, go to [www.vcat.vic.gov.au/fees](http://www.vcat.vic.gov.au/fees).

**You do not have to pay an application fee for any other type of application on this form.**

## FEE RELIEF

We can reduce or not charge (waive) a VCAT fee in certain circumstances.

Some people are automatically entitled to a full fee waiver. You can also apply for fee relief if paying the fee would cause you financial hardship.

For more information about fee relief, go to [www.vcat.vic.gov.au/feerelief](http://www.vcat.vic.gov.au/feerelief).

**Are you applying for fee relief?**

- No, go to **Fee payment** section
- Yes, complete **Fee relief form** and attach it to this application form

## HOW TO PAY

### By phone

Call 1300 018 228 to pay with MasterCard or Visa (9am–4.30pm)

### In person

Visit 55 King Street, Melbourne VIC 3000 and pay with MasterCard or Visa, EFTPOS, cash, cheque or money order.

## SUBMITTING THIS APPLICATION

Send your completed form to us by email, post or give it to us in person.

### **By email**

Email [humanrights@vcat.vic.gov.au](mailto:humanrights@vcat.vic.gov.au)

### **In person**

Go to:

Victorian Civil and Administrative Tribunal  
55 King Street, Melbourne VIC 3000

### **By post**

Send to:

The Registrar  
VCAT Human Rights List  
GPO Box 5408 Melbourne VIC 3001