



# COMPENSATION FOR DETRIMENT CAUSED BY DEFECTIVE ADMINISTRATION APPLICATION FORM

## Purpose of this form

This form is to assist you to make a claim under the Compensation for Detriment caused by Defective Administration Scheme (CDDA Scheme).

The CDDA Scheme enables the Department of the Prime Minister and Cabinet to pay compensation when a person or organisation has suffered detriment as a result of the Department of the Prime Minister and Cabinet's defective administration, when there is no legal requirement to make a payment. The CDDA Scheme provides that if a minister or an official authorised by the minister considers that an official of the entity, acting, or purporting to act, in the course of duty, has directly caused a claimant to suffer detriment, or, conversely, prevent the claimant from avoiding detriment, due to:

- a specific and unreasonable lapse in complying with existing administrative procedures that would normally have applied to the claimant's circumstances
- an unreasonable failure to institute appropriate administrative procedures to cover a claimant's circumstances
- giving advice to (or for) a claimant that was, in all circumstances, incorrect or ambiguous
- an unreasonable failure to give to (or for) a claimant, the proper advice that was within the official's power and knowledge to give (or was reasonably capable of being obtained by the official to give)

the minister or the authorised official may authorise a payment to the claimant.

## Additional information

We apply the guidelines for the CDDA Scheme published by the Department of Finance on their website in the relevant Resource Management Guide 409: Scheme for Compensation for Detriment caused by Defective Administration. For more information go to [finance.gov.au](http://finance.gov.au) and search for 'CDDA'. It is recommended that you read the information provided by the Department of Finance before submitting your application.

### Contracted service providers

The actions of contracted service providers are not within the scope of the CDDA Scheme. Where a person alleges that the actions of a contracted provider may have caused financial detriment to them, the matter may be considered under the act of grace mechanism.

### Australian Taxation Office

Please note that CDDA payments may be taxable. Please contact the Australian Taxation Office or seek independent financial advice to determine your own circumstances.

### If you disagree

If you are dissatisfied with the decision or the way we have handled the matter, you can seek assistance from the Commonwealth Ombudsman. The Ombudsman can look at whether the decision was fair and reasonable in the circumstances. You can call the Ombudsman's office on 1300 362 072 for the cost of a local call anywhere in Australia.

## Returning your form

Check that all required questions are answered and that the form is signed and dated.

Return this form (including any supporting documentation):

- by post:  
Chief Financial Officer  
Department of the Prime Minister and Cabinet  
PO Box 6500  
Canberra ACT 2600
- by email:  
[Help-FinancialGovernance@pmc.gov.au](mailto:Help-FinancialGovernance@pmc.gov.au)



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## Section 1: Personal details

Title:  Other:  Surname:

Given Names:  Date of Birth:

### Residential

Address:  State:  Postcode:

Postal Address (if same as residential address, write 'as above')

Address:  State:  Postcode:

Home Phone:  Work Phone:  Mobile Phone:

## Section 2: Details of the claim

Please explain how the Department of the Prime Minister and Cabinet's **administration was defective**. You should outline the events and circumstances that you consider contributed to the defective administration. *Please attach any available supporting documents. If there is insufficient space, please attach a separate document.*



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Please explain what **detriment** you have suffered. *Please attach any available supporting documents. If there is insufficient space, please attach a separate document.*

What is the total amount of compensation you are seeking for this detriment?

\$

Please specify how this amount is calculated. *Please attach any available supporting documents (e.g. medical bills). If there is insufficient space, please attach a separate document.*

Supporting Documents (e.g. medical bills)	Amount (\$)



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Please explain how the defective administration **directly caused** the detriment you have suffered. *Please attach any available supporting documents. If there is insufficient space, please attach a separate document.*

Please advise what **action you have taken** to resolve this matter (for example, review by agency, Ombudsman, Courts, Tribunals). What is the status of these actions?



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## Section 3: Other details and declaration

### Other details

Are there any **other factors** that you believe are important and have not yet been mentioned in the application? If so, please provide details.

### Privacy Notice

The information collected in this form is necessary for the Department of the Prime Minister and Cabinet to assess your application under the CDDA Scheme, and is protected by the *Privacy Act 1988*. If you do not provide the requested information, the Department of the Prime Minister and Cabinet may not be able to process your claim.

In order to assess your claim, the Department of the Prime Minister and Cabinet may contact other Australian Government entities or Australian Public Service employees that could hold information about your claim to request it and use it in order to process your claim. Any information you provide will be used by staff of the Department of the Prime Minister and Cabinet to assess your claim for compensation and may also be disclosed to other Australian Government entities or Australian Public Service employees.

The Department of the Prime Minister and Cabinet will not otherwise use or disclose your information without your consent, unless authorised or required by law.

### Declaration and authorisation

I declare to the best of my knowledge and belief, the information that I have supplied in or attached to this application is accurate and true, and that all relevant information has been included.

I authorise the Department of the Prime Minister and Cabinet to collect, use and disclose information held about me by the Department of the Prime Minister and Cabinet and by other entities for the purpose of processing this application.

Signature:

Date: