

# QUEENSLAND HOMICIDE VICTIMS' SUPPORT GROUP

*Family Support After Murder Incorporated ABN 88 536 686 758*

*Registered Charity No 1253*

*Patron: Queensland Police Commissioner Bob Atkinson APM*

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PO Box 292 Lutwyche Qld 4030  
Ph: 07 3857 4744; Fax: 07 3857 4766

PO Box 3668 Hermit Park Qld 4812  
Ph 07 4775 6051 Fax 4775 6051

FREE CALL 1800 77 4744

qhvsq@qhvsq.org.au

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## *Membership details*

We invite you to become a member of the Queensland Homicide Victims' Support Group (QHVSQ), with complimentary membership for this current financial year. Could you please provide the following details about yourself so that we can stay in touch with you?

Your Name: \_\_\_\_\_

Street address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ P.C. \_\_\_\_\_

Postal address: \_\_\_\_\_ State: \_\_\_\_\_ P.C. \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile \_\_\_\_\_ E-Mail \_\_\_\_\_

Signed: .....Date .....

*Office Use Only*

Committee Meeting \_\_\_\_\_ Moved \_\_\_\_\_ Seconded \_\_\_\_\_

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## *Additional Details*

We understand it may be difficult for you to complete the following questions, however we do ask for this information so that we have greater understanding of your unique situation and needs:

Do you identify as being of Aboriginal or Torres Strait Islander descent? Yes / No

Please state your country of origin, if not Australia:.....

Is English the primary language spoken at home? Yes / No

If No, please give details:.....

Do you identify as having any physical or intellectual impairment? Yes / No

If Yes, please give details:.....

## *Loved One's Details*

Name of family member who has died: \_\_\_\_\_

Date of their birth: \_\_\_\_\_ Date of their death \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Circumstance of their death: .....

.....  
.....  
**Name of accused/offender:** (If known) .....

**Name of arresting officer (or officer-in-charge):** .....

At \_\_\_\_\_ **Police Station – Ph:** \_\_\_\_\_

**Details of legal proceedings (e.g. awaiting trial; trial outcome)** .....

**Any other information you may wish to provide:** .....

.....  
.....

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QHVSG publishes a monthly informative newsletter called “*News-Link*” which is distributed to members and supporters of the QHVSG. Included is a “*Memorial Page*” for our loved ones. Also included is a “*Legals Page*” where members can share with one another, the stage that their investigation / court process is at.

\* *Would you like to receive our monthly “News-Link”?*

Please circle      **YES / NO**

\* *Would you like to have the anniversary of your loved one’s death placed in “News-Link”?*

Please circle      **YES / NO**    (If “yes”, please state **preferred name** of your loved one)

\* *Would you like the basic details of your legal proceedings (i.e. stage of process only) noted in “News-Link”?*

**YES / NO**    (please circle)

\* *QHVSG runs a volunteer program, named Angel-Connect. Please indicate if you are interested in speaking with a staff member further about this program.*

**YES / NO**    (please circle)

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**CONFIDENTIALITY AGREEMENT –to be observed by all**

In order to maintain our members’ privacy, we ask that you do not give out telephone numbers and/or addresses of fellow members or speak to the media, non-members or any organisation about private conversations held at our meetings, without the permission from the member/s concerned. No information or statements about the Group, or any information produced in the Group’s newsletters/publications may be released to the media without the prior approval of the President or nominated spokesperson of the Group. Any breach of confidentiality may lead to expulsion from the Group.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please feel free to call QHVSG on 1800 77 4744; 07 3857 4744 or 07 4061 4639  
should you need clarification on the above.