



**Who should complete this form?**

This form should be completed by a person with a disability, illness or injury who is looking for work and is applying for a Centrelink payment or claiming a pension from another country.

Please return the completed form **within 28 days** of receiving it, to ensure that you get assistance from the earliest date possible.

**Tko treba ispuniti ovaj obrazac?**

Ovaj obrazac trebaju ispuniti osobe koje su invalidi ili bolesnici ili su pretrpjele ozljedu, a traže posao i podnose zahtjev za isplatu iz Centrelinka ili mirovinu iz druge države.

Molimo da vratite ispunjeni obrazac u roku od **28 dana** nakon primitka, kako biste počeli primati pomoć/isplatu što je prije moguće.

**Privacy and your personal information**

Centrelink, Medicare Australia, Child Support and CRS Australia are all part of the Australian Government Department of Human Services. Personal information is protected by law, including the *Privacy Act 1988*. The authority to collect this information is contained in social security law. The information provided on this form will be used to determine your eligibility for payments and suitable services to you and, where relevant, third parties. This information may also be used to detect or prevent fraud and/or recover overpayments.

Your information may also be used by other areas within the Australian Government Department of Human Services, as required or authorised by law. The Australian Government Department of Human Services may give some or all of your information to the Department of Education, Employment and Workplace Relations, Department of Families, Housing, Community Services and Indigenous Affairs and their service providers, and the Department of Health and Ageing. The Australian Government Department of Human Services may disclose limited information about you to other individuals when your circumstances affect their entitlement to payments and services. The Australian Government Department of Human Services can give your information to other persons, bodies or agencies without your permission in circumstances where Commonwealth legislation requires or authorises the disclosure. For example, for the purposes of referral for appropriate assistance.

Where necessary, the Australian Government Department of Human Services or your assessor may contact your doctor(s) and other treating providers to clarify information provided about your medical conditions.

You can get more information from the factsheet titled *Your right to privacy* by going to our website [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy) or contact us.

**Zaštita privatnosti i Vaši osobni podaci**

Centrelink, Medicare Australia, Child Support i CRS Australia su svi dio Australijskog Ministarstva za humane usluge (Australian Government Department of Human Services). Osobne informacije su zaštićene zakonom, uključujući *Zakon o zaštiti privatnosti iz 1988. (Privacy Act 1988)*. Ovlast za prikupljanje ovih informacija je sadržana u zakonu o socijalnoj skrbi. Informacije navedene na ovom obrascu će se koristiti pri odlučivanju Vašeg prava na isplate i odgovarajuće usluge Vama i, po potrebi, trećim strankama. Ove informacije se mogu primijeniti i za otkrivanje ili sprječavanje prevare i/ili za vraćanje preplaćenih iznosa.

Vaše informacije se mogu koristiti i u drugim područjima u sklopu Australijskog Ministarstva za humane usluge, kako zakon odobrava. Australijsko Ministarstvo za humane usluge može neke ili sve Vaše informacije ustupiti Ministarstvu za obrazovanje, zapošljavanje i radne odnose, Ministarstvu za usluge obitelji, stambena pitanja, društvene usluge i pitanja Aboridžana i njihovim pružateljima usluga, te Ministarstvu za zdravstvo i usluge starijima. Australijsko Ministarstvo za humane usluge može izvjesne informacije o Vama ustupiti drugim pojedincima, u slučajevima kad Vaše okolnosti utječu na njihova prava na isplate i usluge. Australijsko Ministarstvo za humane usluge može informacije o Vama, bez Vašeg dopuštenja, ustupiti drugim osobama, upravama i agencijama, u slučajevima kad Savezni zakon nalaže ili odobrava takvo ustupanje. Na primjer, u svrhu upućivanja na odgovarajuću pomoć.

Po potrebi, Australijsko Ministarstvo za humane usluge ili Vaš procjenitelj može kontaktirati Vašeg liječnika (liječnike) i druge pružatelje zdravstvenih usluga, kako bi pojasnili navedene informacije o Vašem zdravstvenom stanju.

Više informacija možete naći u informativnom listiću pod naslovom *Vaše pravo na privatnost (Your right to privacy)*, ako posjetite internet stranicu [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy) ili nas kontaktirate.

**1 Customer details**  
**Podaci o stranci**

Customer Centrelink Reference Number (if known)  -  -  -   
Centrelinkov korisnički broj stranke (ako ga znate)

Family name  
Prezime

Maiden name (if applicable)  
Djevojačko prezime  
(ako se odnosi na Vas)

Previous married name (if applicable)  
Prezime iz prethodnog braka  
(ako se odnosi na Vas)

Other aliases (if applicable)  
Druga imena (ako se to odnosi  
na Vas)

Given name(s)  
Osobno ime (imena)

Date of birth  
Datum rođenja  Day/Dan Month/Mjesec Year/Godina  
Male  Female   
Muško Žensko

Address  
Adresa   
  
Postcode  
Poštanski broj

Is there a telephone number  
we can contact you on?  
Postoji li telefonski broj na koji  
vas se može kontaktirati? No   
Ne Yes  ( )  
Da

Do you need an interpreter?  
Trebate li tumača? No   
Ne Yes  Preferred language  
Da Jezik koji želite koristiti

**2 Please list any disabilities,  
illnesses or injuries that you have**  
**Navedite sve vrste invalidnosti,  
bolesti ili ozljeda koje imate**


**3 When did these disabilities,  
illnesses or injuries start to  
make it difficult for you to  
work or study full-time?**  
**Kada vam je zbog invalidnosti,  
bolesti ili ozljeda postalo teško  
raditi puno radno vrijeme ili  
redovno studirati?**

Month/Mjesec Year/Godina  
 /

OR/ILI

I have had my disabilities or illnesses since birth   
Invalid sam ili sam bolestan od rođenja



CLK0AUS142CB 1205

4 Are you getting any treatment for your disabilities, illnesses or injuries?

No

Ne

Yes

Da

Please give details

Navedite podatke

e.g. medication, physical therapy, counselling

Da li se liječite zbog invalidnosti, bolesti ili ozljeda?

npr. uzimanje lijekova, fizikalna terapija, savjetovanje


If you need more space please attach a separate sheet of paper with details.  
Ako vam treba više prostora, molimo priložite posebni list papira s podacima.

5 Have you ever been hospitalised because of these disabilities, illnesses or injuries?

No

Ne

Yes

Da

Date of last admission

Datum posljednjeg prijema

Day/Dan Month/Mjesec Year/Godina  
/ /

Name of hospital

Naziv bolnice

--

Duration of stay

Trajanje boravka

From

Od

To

Do

Day/Dan Month/Mjesec Year/Godina  
/ /

Day/Dan Month/Mjesec Year/Godina  
/ /

Reason for admission

e.g. operation, investigation, treatment

Razlog prijema npr. operacija, pregled, liječenje


Number of admissions in the last 5 years

Broj prijema u posljednjih 5 godina

--

6 Are you expecting to have an operation in the future?

No

Ne

Yes

Da

Type of operation/procedure

Vrsta operacije/procedure


Expected date (if known)

Očekivani datum (ako je poznat)

Day/Dan Month/Mjesec Year/Godina  
/ /

Where will operation take place (if known)

Gdje će se operacija obaviti

(ako znate)


Reason for operation

Razlog operacije


<b>7 How often does your disability, illness or injury make it difficult for you to:</b> <b>Koliko često vam je zbog vaše bolesti, invalidnosti ili ozljede teško...</b>	no problem bez problema	sometimes ponekad	often često	all the time uvijek	<b>Please give further details (if applicable)</b> <b>Navedite ostale podatke (ako ih imate)</b>
<b>sit</b> <b>sjediti</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>stand</b> <b>stajati</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>walk</b> <b>hodati</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>climb stairs</b> <b>hodati uz stube</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>drive a car</b> <b>voziti auto</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>use public transport</b> <b>koristiti javni prijevoz</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>pick up objects</b> <b>podizati predmete</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>handle objects</b> <b>rukovati predmetima</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>lift</b> <b>dizati</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>carry</b> <b>nositi</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>bend</b> <b>sagnuti se</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>operate everyday appliances or machinery</b> <b>svakodnevno rukovati aparatima ili strojevima</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>read</b> <b>čitati</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>write</b> <b>pisati</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>speak</b> <b>govoriti</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>hear</b> <b>čuti</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>concentrate</b> <b>koncentrirati se</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>remember</b> <b>pamtiti</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>interact with others</b> <b>komunicirati s drugima</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>attend work or other appointments</b> <b>biti na poslu ili drugim sastancima</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>understand or follow instructions</b> <b>razumjeti ili slijediti upute</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>sleep</b> <b>spavati</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>breathe</b> <b>disati</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>manage your personal affairs</b> <b>obavljati svoje osobne stvari</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>care for yourself*</b> <b>brinuti se o sebi*</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>care for others</b> <b>brinuti se o drugima</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\* If you have someone caring for you full-time, they may be eligible for a payment for carers. Please contact International Services if you need further details.  
\* Ako netko vodi brigu o vama puno radno vrijeme, ta bi osoba mogla ostvariti pravo na isplatu za njegovatelja. Molimo nazovite Međunarodne usluge ako trebate dodatne informacije.

**8 In a workplace, would your disabilities, illnesses or injuries make it difficult for you to:**

**Na radnom mjestu, hoće li Vam zbog invalidnosti, bolesti ili ozljede biti teže:**

no ne      sometimes ponekad      often često      all the time uvijek

**Please give further details (if applicable)  
Navedite ostale podatke (ako ih imate)**

**A interact with others?  
družiti se s drugima?**

                


**B maintain appropriate behaviour?  
održavati odgovarajuće ponašanje?**

                


**C cope with work related stress or pressure?  
izdržati stres i pritisak zbog posla?**

                


**D learn new tasks?  
učiti nove zadatke?**

                


**E remember how to do tasks?  
sjećati se kako obaviti zadatke?**

                


**F understand and follow instructions?  
razumjeti i slijediti upute?**

                


**G concentrate?  
koncentrirati se?**

                


**H persist at tasks without unscheduled breaks?  
obavljati zadatke bez nepredviđenih prekida?**

                


**I undertake more than one task?  
preuzeti više od jednog zadatka?**

                


**J look after your personal care needs?  
voditi računa o osobnoj njezi?**

                


**K physically complete tasks?  
fizički obaviti zadatke?**

                


**L move safely around the workplace?  
kretati se sa sigurnošću na radnom mjestu?**

                


**M communicate with others?  
komunicirati s drugima?**

                


**N control the use of your language?  
kontrolirati što govorite?**

                


**9 Who is the doctor who you usually see about your disabilities, illnesses or injuries?**

e.g. your general practitioner.

**Kod kojeg liječnika obično odlazite zbog invaliditeta, bolesti ili ozljeda?**

npr. liječnik opće prakse.

Name Ime	<input type="text"/>
Address Adresa	<input type="text"/>
	<input type="text"/>
	Postcode Poštanski broj
Telephone Telefon	(      )

Do you give permission for us to contact this person?  No  Yes  
Dajete li nam dopuštenje da kontaktiramo tu osobu?  Ne  Da

**10 Have any specialists or other doctors treated you for these disabilities, illnesses or injuries?**

**Da li vas je koji specijalist ili neki drugi liječnik liječio zbog invaliditeta, bolesti ili ozljeda?**

No  Ne

Yes  Da

Name Ime	<input type="text"/>
Address Adresa	<input type="text"/>
	<input type="text"/>
	Postcode Poštanski broj
Telephone Telefon	(      )

Date of last visit  
Datum posljednjeg pregleda

Day/Dan	Month/Mjesec	Year/Godina
/	/	/

Conditions for which you were treated  
Zdravstveno stanje zbog kojeg ste liječeni

<input type="text"/>
<input type="text"/>

*If you have specialist reports, please attach copies.  
Ako imate mišljenje specijaliste, molimo priložite kopiju.*

**11 Is there anybody else you have consulted or that has assisted you with any of your disabilities, illnesses or injuries?**

- e.g.
- counsellor
  - social worker
  - community health worker
  - teacher
  - psychologist
  - physiotherapist

**Da li ste se obratili za mišljenje ili dobili pomoć od bilo koga drugoga u svezi invaliditeta, bolesti ili ozljeda?**

- npr.
- odvjetnik
  - socijalni radnik
  - općinski zdravstveni radnik
  - profesor
  - psiholog
  - fizioterapeut

No  Ne

Yes  Da

<b>1</b> Name Ime	<input type="text"/>
Profession Zanimanje	<input type="text"/>
Address Adresa	<input type="text"/>
	<input type="text"/>
	Postcode Poštanski broj
Telephone Telefon	(      )
Do you give permission for us to contact this person? Dajete li nam dopuštenje da kontaktiramo tu osobu?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Ne <input type="checkbox"/> Da
<b>2</b> Name Ime	<input type="text"/>
Profession Zanimanje	<input type="text"/>
Address Adresa	<input type="text"/>
	<input type="text"/>
	Postcode Poštanski broj
Telephone Telefon	(      )
Do you give permission for us to contact this person? Dajete li nam dopuštenje da kontaktiramo tu osobu?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Ne <input type="checkbox"/> Da

*If you need more space please attach a separate sheet of paper with details.  
Ako vam treba više prostora, molimo priložite posebni list papira s podacima.*

**12 Is there any other information you feel we need to know about your disabilities, illnesses or injuries?**

No

Ne

Yes

Da

Please give details

Navedite podatke

**Postoje li bilo kakvi drugi podaci za koje smatrate da trebamo znati o vašoj invalidnosti, bolestima ili ozljedama?**


*If you need more space please attach a separate sheet of paper with details.  
Ako vam treba više prostora, molimo priložite posebni list papira s podacima.*

**13 School or full-time education details**

**Podaci o školi ili redovnom školovanju**

How old were you when you left school or full-time education?

years old  
starost

Koliko ste imali godina kada ste napustili školu ili redovno školovanje?

Year of leaving school/education  
Godina napuštanja škole/ školovanja

What grade/year did you reach?  
Do kojeg razreda/godine ste došli?

What is the highest educational qualification you obtained?  
e.g. Year 10 Certificate, Higher School Certificate, Degree

Koje ste najviše kvalifikacije stekli?  
npr. svjedodžbu za 10 godina školovanja, visokoškolsku diplomu, akademski stupanj


**14 Have you gained any other qualifications, skills or experience?**

Include things like voluntary work, courses, trade tickets, licences, diplomas, tertiary qualifications.

**Jeste li stekli neke druge kvalifikacije, stručne spreme ili iskustvo?**

Navedite npr. dobrovoljni rad, tečajeve, dozvole za zanat, obrtnice, diplome, tercijarne kvalifikacije

No

Ne

Yes

Da

Please give details

Navedite podatke


*If you need more space please attach a separate sheet of paper with details.  
Ako vam treba više prostora, molimo priložite posebni list papira s podacima.*

**15 Have you ever worked?  
Jeste li ikada radili?**

No

Ne

Yes

Da

Go to **Question 18**

Idite na **pitanje 18**

What date did you last work?

Datum kad ste posljednji puta radili?

Month/Mjesec	Year/Godina

**16 What were your last 2 jobs?**

**Koja 2 posla ste posljednja obavljali?**

<b>Your last job</b> <b>Vaš posljednji posao</b>	
Type of job Vrsta posla	<input type="text"/>
Days worked per week Koliko dana ste radili tjedno	<input type="text"/>
Was this work: Je li to bilo:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Puno radno vrijeme      Skraćeno radno vrijeme      Povremeno
Name of employer Ime poslodavca	<input type="text"/>
Contact phone number Broj telefona za kontakt	(      )
Reason for leaving this job (e.g. retirement, resignation, caring for family, medical condition – specify which medical condition) Razlog za napuštanje ovog posla (npr. mirovina, ostavka, njega obitelji, zdravstveno stanje – navedite koja vrsta bolesti)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Your 2nd last job</b> <b>Vaš pretposljednji posao</b>	
Type of job Vrsta posla	<input type="text"/>
Days worked per week Koliko dana ste radili tjedno	<input type="text"/>
Was this work: Je li to bilo:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Puno radno vrijeme      Skraćeno radno vrijeme      Povremeno
Name of employer Ime poslodavca	<input type="text"/>
Contact phone number Broj telefona za kontakt	(      )
Reason for leaving this job (e.g. retirement, resignation, caring for family, medical condition – specify which medical condition) Razlog za napuštanje ovog posla (npr. mirovina, ostavka, njega obitelji, zdravstveno stanje – navedite koja vrsta bolesti)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

*If you need more space please attach a separate sheet of paper with details.  
Ako vam treba više prostora, molimo priložite posebni list papira s podacima.*

**17 Have you been given or offered extra support in the workplace because of your disability, illness or injury, such as modification to your environment, reduced hours of work, alternative duties, retraining etc?**

**Jeste li primili ili Vam je ponuđena dodatna pomoć na radnom mjestu zbog invalidnosti, bolesti ili povrede, kao na primjer prilagođavanje radne sredine, skraćeno radno vrijeme, alternativne dužnosti, odlazak u mirovinu itd?**

No   
Ne

Yes  ► Please give details  
Da  ► Navedite podatke


*If you need more space please attach a separate sheet of paper with details.  
Ako vam treba više prostora, molimo priložite posebni list papira s podacima.*



**18 Have you participated in any programs to help you find work, stay in a job, return to work, manage your injury or help you with vocational rehabilitation, gaining new skills, work experience or training?**

No

Ne

Yes  ▶

Da

<b>1</b>	Name of provider Ime pružatelja usluga	<input type="text"/>												
	Type of program Vrsta programa	<input type="text"/>												
	Dates you participated Datumi sudjelovanja	From To Od Do <table border="1"><tr><td>Day/Tag</td><td>Month/Monat</td><td>Year/Jahr</td><td>Day/Tag</td><td>Month/Monat</td><td>Year/Jahr</td></tr><tr><td>/</td><td>/</td><td></td><td>/</td><td>/</td><td></td></tr></table>	Day/Tag	Month/Monat	Year/Jahr	Day/Tag	Month/Monat	Year/Jahr	/	/		/	/	
Day/Tag	Month/Monat	Year/Jahr	Day/Tag	Month/Monat	Year/Jahr									
/	/		/	/										
<b>2</b>	Name of provider Ime pružatelja usluga	<input type="text"/>												
	Type of program Vrsta programa	<input type="text"/>												
	Dates you participated Datumi sudjelovanja	From To Od Do <table border="1"><tr><td>Day/Tag</td><td>Month/Monat</td><td>Year/Jahr</td><td>Day/Tag</td><td>Month/Monat</td><td>Year/Jahr</td></tr><tr><td>/</td><td>/</td><td></td><td>/</td><td>/</td><td></td></tr></table>	Day/Tag	Month/Monat	Year/Jahr	Day/Tag	Month/Monat	Year/Jahr	/	/		/	/	
Day/Tag	Month/Monat	Year/Jahr	Day/Tag	Month/Monat	Year/Jahr									
/	/		/	/										

**Jeste li sudjelovali u bilo kojim programima za lakše nalaženje posla, zadržavanje posla, povratak na posao, lakše podnošenje povrede ili programima za radnu rehabilitaciju, stjecanje novih sposobnosti, radnog iskustva ili prakse?**

Attach any documentation you have which provides details of your participation in the program, including when the program started and finished, the requirements of the program, what activities you undertook while in the program and for how long.

Priložite svu dokumentaciju koju imate, u kojoj se navode podaci o Vašem sudjelovanju u tom programu, uključujući kad je program počeo i završio, uvjete tog programa, koje ste aktivnosti obavljali tijekom sudjelovanja u programu i koliko dugo.

**19 Is there any reason why you could not do a rehabilitation or training program in the future?**

No

Ne

Yes  ▶

Da

Is this because you are about to have other treatment?  
Je li razlog to što ćete imati drugo liječenje?

No

Ne

Yes  ▶

Da

Please give details  
Navedite podatke

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

If you need more space please attach a separate sheet of paper with details.  
Ako vam treba više prostora, molimo priložite posebni list papira s podacima.

Is this drug or alcohol related?

Ima li to veze s drogom ili alkoholom?

No

Ne

Yes

Da

Is there another reason?

Postoji li drugi razlog?

No

Ne

Yes  ▶

Da

Please give details  
Navedite podatke

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

If you need more space please attach a separate sheet of paper with details.  
Ako vam treba više prostora, molimo priložite posebni list papira s podacima.

**20 When do you think you will be able to start part-time or full-time work or study?**

**Što mislite kad ćete biti u stanju početi rad ili školovanje s punim ili skraćenim radnim vremenom?**

now  6-12 months  more than 2 years   
sada 6-12 mjeseci za više od 2 godine  
within 6 months  12-24 months  never   
u roku od 6 mjeseci 12-24 mjeseca nikada

**21 Did someone help you complete this form?**

**Je li vam netko pomogao ispuniti ovu tiskanicu?**

No   
Ne

Yes  Who helped you?  
Da Tko vam je pomogao?

Name  
Ime

Address  
Adresa

Postcode  
Poštanski broj

Telephone  
Telefon

Do you give permission for us to contact this person?  
Dajete li nam dopuštenje da kontaktiramo tu osobu?

No   
Ne

Yes   
Da

**22 Your statement**

If the customer cannot sign this form, it should be signed by their legal representative and a copy of their guardianship or power of attorney papers should be attached.

**Vaša izjava**

Ukoliko stranka ne može potpisati ovu tiskanicu, treba je potpisati njezin pravni zastupnik i treba priložiti ispravu o skrbništvu ili punomoći.

**I declare that:**

**I understand that:**

**Izjavljujem:**

**Razumijem:**

**Your signature**

**Vaš potpis**

- the information I have given is correct.
- giving false or misleading information is a serious offence.
- da su podaci koje sam naveo/navela točni.
- da se namjerno davanje netočnih i lažnih podataka kažnjava.



Date  
Datum

Day/Dan Month/Mjesec Year/Godina  
/ /

**Return this form to:**

**GPO Box 273  
HOBART TAS 7001  
AUSTRALIA**

**Vratite ovaj obrazac na:**

**GPO Box 273  
HOBART TAS 7001  
AUSTRALIA**

- Check that you have read and signed your statement above.
- Attach any further information you feel supports your application. If you cannot provide all of the documents immediately, do not delay returning your form. Please supply any remaining documents as soon as possible to Department of Human Services, International Services, GPO Box 273, Hobart TAS 7001, AUSTRALIA.
- Provjerite da ste pročitali i potpisali vašu ranije navedenu izjavu.
- Priložite sve podatke za koje smatrate da će poduprijeti vaš zahtjev. Ukoliko ne možete odmah pribaviti sve isprave, nemojte odgoditi vraćanje ove tiskanice. Preostale isprave dostavite što prije na Department of Human Services, International Services, GPO Box 273, Hobart TAS 7001, AUSTRALIA

**ENQUIRIES**

If you have any questions please call  
**(+61 3) 6222 3455** (outside Australia)  
**131 673** (inside Australia)

**Note:** Call charges apply – calls from mobile phones may be charged at a higher rate.

**UPITI**

Ako imate kakvih pitanja izvoliti nazvati  
**(+61 3) 6222 3455** (izvan Australije)  
**131 673** (u Australiji)

**Opaska:** Pozivi se naplaćuju – pozivi s mobitela se mogu naplaćivati po višoj tarifi.