

## Application for emergency aid for victims of hate violence in Berlin

### 1. Contact details\*

First name, family name	
Address (street, postcode)	
Phone number	
E-mail address	
Pronoun/title **	

\* Further information on data protection and the use of data can be found on page 3 under point 9.

\*\* This is voluntary information.

### 2. Account details

Account holder	
IBAN	
BIC	

### 3. Please describe briefly the incident or threat. Base the description on the following questions: What happened? When and where?

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4. What indications are there about the perpetrators and their motives? Is there anything to suggest that the perpetrators actions were based on prejudice-based (racist, anti-semitic, LGBTI\*-hostile, homeless-hostile, etc.) motives or as an expression against democratic and human rights principles (statements made prior to, during and after the crime, symbols, clothing, etc.)?

5. What harm or restriction has arisen for you as a result of the crime/threat? (damage to property, psychological damage, threatening situations, etc.)

6. What measures do you need the financial support for?

- Repair of minor property damage
- Psychological care
- Medical treatment
- Implementation of minor security measures
- Legal advice
- Supervision
- Other

Please list the costs for each measure in the table below:

Measure	Costs

7. Amount of application:

\_\_\_\_\_

8. Have you already taken advantage of a consultation?

Yes

No

If yes, where (place of consultation):

Note: If you have not taken advantage of a consultation yet, you have the possibility to make an appointment with our advice center. If you do not wish to take advantage of a consultant, you can also add to the application media reports about the incident, pictures or expert opinions of the (property) damage, documentation of the threat, copy of the complaint, documents of the prosecutor's office/court, etc.

9. Consents:

I hereby certify that the funds requested, if granted, will be used only for the requested purpose. I declare myself willing to provide proof in the form of an original invoice and proof of payment/transfer.

Yes

No

I understand, that in case I receive public benefits from the state, I am obligated to inform the responsible authority about the funding by the emergency aid fund.

Yes

No

I agree to the processing and storage of personal data for the purpose of processing my application. I have read and noted the relevant information on data processing concerning my application in accordance with Art. 12 ff. GDPR (<https://www.amadeu-antonio-stiftung.de/informationen/>). This consent is required for the application to be processed.

More information can be found on data processing at the Amadeu Antonio foundation in accordance with Art. 12 ff. GDPR (<https://www.amadeu-antonio-stiftung.de/datenschutz/pflichtinformationen/>) and the data protection statement (<https://www.amadeu-antonio-stiftung.de/datenschutz/>).

Yes

No

#### 10. \* Voluntary information for statistical purposes

In the following, you have the opportunity to provide information about yourself, whereby we are interested in taking into account how you identify yourself (self-identification). We collect this data for statistical purposes in order to improve the support offered by the Emergency Aid Fund. The information is provided on a voluntary basis.

Age

Gender identity

Sexual identity

Religious affiliation

Community affiliation

Which forms of discriminations are you affected by?

Have charges been filed?

Yes

No

#### 11. Signature

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Place, date, applicant