

**Department of Communities**  
safe, valued and empowered communities

**Application for payment under the  
Redress Scheme**  
for former residents of Queensland childrens institutions

Please refer to the Redress Scheme application guidelines for advice about completing this application form. Use BLOCK CAPITALS and tick the boxes  as appropriate.

**Applications must be submitted by 5 pm, 30 June 2008.**

Please mark your application PRIVATE and CONFIDENTIAL and submit to:

**Redress Services, Department of Communities, GPO Box 806, Brisbane, Qld 4001**

Fax: 07 3405 6356 (Australia wide) or +61 7 3405 6356 (international)

If you have any questions about your application, please phone 1300 769 291 (Australia wide) or +61 7 3405 7559 (international) 9 am to 5 pm, Monday to Friday.

RECEIVED  
  
28 APR 2008  
  
Redress Services  
Department of Communities

**PART A: PERSONAL DETAILS**

**1. Status of person completing the application**

- Former resident
- Person with authority to act for the former resident (please provide your details in Section 3)

**2. Details of former resident**

- Mr     Mrs     Ms     Miss     Other (please indicate) .....

Last name: OWEN Maiden name (if applicable): .....

First name (in full): DAVID Middle name/s: Robert

Any other name/s you were known by in an institution #34

Date of birth: 25 / 7 / 38 Gender:  Male     Female

Place of birth (if known): ..... **REDACTED**

Current residential address: ..... **REDACTED**

State: NSW Postcode: **REDACTED** Country: AUSTRALIA

Daytime telephone number: **REDACTED**

Email: **REDACTED**

Postal address (if same as residential address, write 'as above'): AS ABOVE

State: ..... Postcode: ..... Country: .....

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Parents' names (if known):

Mother: Catherine Pearl Owen  
First name Last name/s Other name/s

Father: UNKNOWN  
First name Last name/s Other name/s

Are you currently in a correctional centre?  Yes  No

Are you currently on parole?  Yes  No

Please indicate if you primarily identify as:

Aboriginal  Torres Strait Islander  South Sea Islander

### 3. Details of authorised person applying on behalf of former resident

*This section should only be completed if the application is being lodged on behalf of a former resident by an authorised person.*

*Documentary evidence of authority to act on behalf of the former resident must be attached (e.g. certified copy of Power of Attorney or an administration order for financial matters as issued under the Guardianship and Administration Act 2000). If this section is completed by a person with the authority to act on behalf of a former resident, all correspondence relating to this application will be forwarded to the address provided below.*

Name: ..... Type of authority (attached): .....

Current residential address: .....

State: ..... Postcode: ..... Country: .....

Daytime telephone number: .....

Email: .....

Postal address (if same as residential address, please write 'as above'): .....

State: ..... Postcode: ..... Country: .....

### 4. Institutions where applicant was a child resident

Please list the institution/s (and addresses where possible) where you were a child resident, and the dates of residence. If you do not know the exact dates, give an approximate time frame (e.g. which years and months). If space below is insufficient, please attach a separate form.

| Name of institution/home (if known) | Address/town (if known) | Date of placements |       |
|-------------------------------------|-------------------------|--------------------|-------|
|                                     |                         | From               | To    |
| ST JOSEPHS HOME                     | Meteor Park.            | 01/39              | 01/53 |
|                                     | Nerkol via.             |                    |       |
|                                     | ROCKHAMPTON             |                    |       |

Please indicate the circumstances in which you were a child resident at these institutions. You may select more than one of the options:

- Under the guardianship of the state (i.e. a ward of the state)
- British child migrant
- Placed in a non-government institution under a private arrangement (e.g. by a parent)
- If you were placed under a private arrangement, have you received written verification of the dates of residence from the authority that operated the institution?
- Yes (please attach a copy of this verification)       No
- Not sure

## 5. Proof of former resident's identity

A **certified copy** (please refer to guidelines for explanation) of **one** of the current documents listed below should be submitted with the application. Please do not send original documents. **Failure to provide proof of identity will delay processing of this application.**

Please indicate which one of the following copied and certified documents is attached as proof of your identity:

- Current driver's licence       Queensland 18+ Card
- Full birth certificate       Seniors Card
- Current concession card (e.g. Centrelink, Department of Veterans' Affairs)       Prisoner's inmate identification (certified by a Corrective Services officer)
- Current passport identification page       Any other official document verifying your identity or a statement by a referee testifying to your identity. (e.g. doctor, pharmacist, solicitor, Indigenous Elder)

If your surname is different from the name you were known by as a child in the institution/s, you should provide a certified copy of any one of the following documents as verification of your name change. Do not send original documents.

Please indicate which one of the following documents is attached:

- Marriage certificate       Registration of name change/deed poll
- Any other official document verifying your change of name

## 6. Special consideration (age or ill health)

Applications for Level 1 payments from people aged 70 years and over and for people suffering a life-threatening illness will be given priority.

Are you aged 70 years or over?  Yes  No

Are you suffering from a life-threatening illness?

- Yes (please attach statement from a medical practitioner)       No

(21st July, ie shortly after application close - currently in ill health!)

**PART B: SUPPORTING INFORMATION**

Part B of this form includes declarations relating to your application for payment. The information to be provided depends on the level of payment you are seeking.

**7. Level/s of payment sought**

- Level 1 payment only
- or
- Both Level 1 and Level 2 payments

**8. Declaration of abuse or neglect experienced**

All applicants must complete this section.

Did you experience psychological or emotional abuse, physical abuse, sexual abuse, neglect or systems abuse while you were a resident of a Queensland institution?  Yes  No

If you answered 'yes', please indicate which form/s of abuse you experienced and in which institution/s. Some examples are provided for explanatory purposes only; you may have experienced other types of abuse in these categories. You only need to tick the box/es beside the general category, not the examples. You may select more than one category.

Psychological or emotional abuse (e.g. verbal abuse including name calling or racial abuse; acts of degradation, humiliation or depersonalisation; being told lies about your parents; being deprived of affection; being in a general climate of fear; inappropriate medical treatment; placement in solitary confinement)

Name of institution/s: .....

Physical abuse (e.g. excessive corporal punishment; beating (whether with objects or not), punching, kicking; being forced to do work beyond what was reasonable; not being allowed enough rest, recreation or sleep; inappropriate medical treatment)

Name of institution/s: .....

Sexual abuse (e.g. suffering any act involving sexual penetration; suffering or being forced to perform other sexual acts involving direct contact; any type of sexual touching by another person for their own or another person's gratification (whether direct or through clothing); being forced, whether physically, emotionally or both, to touch another person sexually (whether direct or through clothing); exposure to another person's sexual acts for their gratification)

Name of institution/s: .....

Neglect (e.g. failure to meet basic needs for nutrition, shelter or clothing; failure to provide adequate education; failure to provide adequate medical care; inadequate supervision and protection from other harm)

Name of institution/s: .....

Systems abuse (e.g. failure to protect; failure to provide adequate resources; placement as a child in an adult institution such as a mental health facility, placement in detention for non-criminal acts, e.g. being in moral danger; placement in solitary confinement)

Name of institution/s: .....

## 9. Declaration of harm suffered as a consequence of institutional abuse/neglect

The information requested in this section is to support applications for a Level 2 payment.  
If you are applying for a **Level 1 payment only**, go straight to Section 10.

**Note:** If you have relevant documentation (e.g. victim impact statement, departmental documents, Forde Inquiry statement, police statement) to support the information provided below, please provide a copy with your application form **now**. Otherwise you can provide this information when requested by Redress Services. You may also be required at a later date to provide additional supporting information to assist the panel of experts assess your claims of harm.

Please indicate the type of harm suffered as a result of institutional abuse or neglect. Tick the appropriate boxes  to identify relevant examples or provide other examples in the spaces provided. Please note that these are examples only.

The harm can be:

- harm suffered at the time of the abuse/neglect; and/or
- harm that has existed later in life (whether or not it still exists now) as a result of the abuse or neglect.

The writing space can be used to explain other types of harm suffered, or the frequency, severity or duration of the abuse or harm suffered.

### Physical injury

- |  |  |
|--|--|
| <input type="checkbox"/> Loss of sight   | <input type="checkbox"/> Loss of hearing           |
| <input type="checkbox"/> Loss or damage to teeth                                   | <input type="checkbox"/> Loss of limbs or fingers  |
| <input type="checkbox"/> Permanent scar/disfigurement from burns or other injuries | <input type="checkbox"/> Damage to internal organs |
| <input type="checkbox"/> Other (please specify) .....                              |  |

### Physical illness

- |   |   |
|---|---|
| <input type="checkbox"/> Respiratory illness  | <input type="checkbox"/> Skin diseases                |
| <input type="checkbox"/> Physical impact from sexual abuse (e.g. prolapsed bowel/bladder) | <input type="checkbox"/> Skeletal issues              |
| <input type="checkbox"/> Arthritis/rheumatism   | <input type="checkbox"/> Sexually transmitted disease |
| <input type="checkbox"/> Other (please specify) .....                                     |   |

### Psychiatric illness

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Post-traumatic stress disorder | <input type="checkbox"/> Personality disorder        |
| <input checked="" type="checkbox"/> Anxiety disorder               | <input type="checkbox"/> Agoraphobia, claustrophobia |
| <input checked="" type="checkbox"/> Suicidal thoughts              | <input type="checkbox"/> Severe depression           |
| <input type="checkbox"/> Other (please specify) .....              |  |

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**Psychological injury**

- Inability to show affection or trust
  - Persistent feelings of shame and guilt
  - Relationship/marital difficulties
  - Loss of cultural connection
  - Significant behavioural issues
  - Other (please specify) .....
- Low self-esteem
  - Recurring nightmares and flashbacks
  - Loss of family connection
  - Loss of identity
  - Addictive personality/ substance abuse

**Loss of opportunity (e.g. inadequate education)**

Please describe in the space provided.

See THE Manuscript "STAIN on the Brain"

Please use the writing space below or attach another sheet for any additional information you can provide to assist the panel of experts assess your Level 2 application.

## 10. Declaration

*This section must be signed by the former resident or authorised person.*

**Please read the following statements before you sign this form:**

- I understand that the information I have provided on this form will be used to assess my Level 1 and, if applicable, Level 2 application.
- I declare that the information I have provided on this form is true and correct to the best of my knowledge.
- I understand that, apart from providing information for the purposes of the Redress Scheme, I do not have to share any information about this application or its outcome with any other person.
- I understand that my personal details will be included in a Redress Scheme database, and that the Department of Communities will confirm particulars of institutional placements through a review of departmental files and/or contact with governing authorities (e.g. churches or religious orders) of relevant institutions.
- I give my permission for the Department of Communities to access my departmental records and/or contact governing authorities of relevant institutions for the purpose of assessing my eligibility for the Redress Scheme.
- I give my permission for the Department of Communities to request records relevant to processing my application from other government departments.
- I agree to advise the Department of Communities in writing immediately of any change which may affect this application.
- I give my permission for the governing authority of a relevant institution to release my personal information to the Department of Communities for the purpose of assessing my eligibility for the Redress Scheme.

*David Robert Owen*

*15/11/2007*

Signature of former resident/authorised person

Date

### Privacy notice

- The Department of Communities requires the information requested on this form to assess your eligibility for the Redress Scheme.
- This information will be used to process your application and may be disclosed to various officers within the department where they have a demonstrated need to know it in order to perform their duties.
- This information may be shared with the Department of Child Safety or any representatives of the Department of Communities who are administering the scheme.
- The Department of Communities may need to provide some information to relevant governing authorities or other government departments to enable your application to be processed.
- Your personal information is of a confidential nature and will not be disclosed to any other third party, other than the above, without your consent, unless required by law or for other authorised purposes described in the Privacy Information Standard — Information Standard 42.

### Checklist

I have included the following documents with this application:

- Proof of identity (certified copy)
- Verification of name change (if applicable)
- Proof of authority to act on behalf of the former resident (if applicable)
- Verification from the authority which operated the institution if you were placed there under a private arrangement and have received verification from that authority (if applicable)
- Medical report/statement to confirm life-threatening illness (if applicable)
- Supporting documentation for a Level 2 application (if applicable)

**OFFICIAL USE ONLY**

RSC NO: ..01247.....

DATE RECEIVED: ..19/11/07..

**ELIGIBILITY VERIFICATION**

Proof of identification

Yes  No

Resident in government or licensed institution in Queensland covered by terms of reference of the Forde Inquiry

Yes  No

Released from care, and turned 18 years of age, on or before 31 December 1999

Yes  No

Abuse/neglect declaration signed

Yes  No

**IF RELEVANT**

Relevant authorisation provided.

Yes  No

Left institutional care within first year of birth and no further placements

Yes  No

If YES to above, evidence of specific claim of abuse provided

Yes  No

Processing officer..... / .. / ..

**ELIGIBILITY CONFIRMATION**

Eligibility confirmed

Yes  No

Officer..... / .. / ..

**ELIGIBILITY APPROVED**

Eligibility approved

Yes  No

(Manager)..... / .. / ..

Note Database

.. / .. / ..