Please read the *How to Complete the Redress WA Application Form Guidelines* for advice about completing this Application Form.

Please use either a blue or black pen. Tick ✓ the appropriate boxes □ .

**If you are applying on behalf of another person, please read and complete SECTION 9 or SECTION 10.**

Please telephone 1800 617 233 (free call) 9.00am to 4.30pm Monday to Friday if you:
- have any questions about the Redress WA Application Form
- would like to find out which non-government, independent agencies can help you complete the Redress WA Application Form (free of charge)
- need information to access free support and counselling services.


Please post the completed Application Form and any supporting documents to:

**REDRESS WA**
Reply Paid 83625
WEST PERTH WA 6872

Applications to Redress WA will open for 12 months from 1 May 2008 and will close at 5.00pm (WST), THURSDAY 30 APRIL 2009.

To ensure that your Application is considered, please make sure you have submitted your Application Form before the closing date.

**Please note:** only one Application Form can be submitted per person.

Redress WA staff will search for your records, if appropriate, to support your Application. However, if you have any records that you feel would support your Application, please attach these to your Application Form.

Please keep a copy of the completed Application Form and any original supporting documents for your personal records.
SECTION 1 - Your Details

1. Your details
   - Family name
   - First name(s)
   - Maiden name (if appropriate)
   - Other name(s) known by

   Date of birth: [REDACTED] 1945
   - Male
   - Female
   - Place of birth: England

2. Your address
   CURRENT RESIDENTIAL ADDRESS
   - Street: [REDACTED]
   - Suburb: [REDACTED]
   - State: [REDACTED]
   - Telephone: [REDACTED]
   - Email: [REDACTED]
   - Fax: [REDACTED]

   POSTAL ADDRESS (if same as residential address write 'as above')
   - Street: [REDACTED]
   - Suburb: [REDACTED]
   - State: [REDACTED]

3. Your preferred type of contact
   - Post
   - Email
   - Telephone
   OR Contact person with authority to act on my behalf
   OR Do not contact me

4. Your status
   This information is important to help us locate your records. In the past, more than one Government department may have kept records in relation to children in State care. Each of those departments may hold different records that are important to support your Application. It is important for Redress WA to understand how you came into State care, that is your status, so that Redress WA can locate your records, if available.
   a) Former Ward of the State
   - Yes
   - No
   - Unsure
   b) Child migrant
   - Yes
   - No
   - Unsure
   c) Were you in State care (but not a Ward)?
   - Yes
   - No
   - Unsure
   d) Are you of Aboriginal or Torres Strait Islander origin?
   - Yes - Aboriginal
   - Yes - Torres Strait Islander
   - No - Non-Aboriginal
   e) Adopted *
      If Yes, please state
      a) Date of Adoption / / / 
      b) Name prior to Adoption (if known)

   * Adopted persons are generally only eligible to apply to Redress WA if the abuse and/or neglect occurred in State care prior to the granting of an Adoption Order. The information supplied in this question will assist Redress WA to determine if an adopted person is eligible for Redress WA. It will also assist Redress WA staff to locate appropriate records.
5. Special consideration (ill health)
   Are you suffering from a life-threatening illness?  □ Yes  □ No
   If yes, please attach a copy of a medical certificate to the Application confirming your illness.

6. Are you currently receiving a Centrelink pension, benefit or allowance?  □ Yes  □ No

7. Current and past claims for compensation
   Have you received from the State an award of compensation or are you presently applying for compensation from the State in respect of the same abuse and/or neglect for which you are applying to Redress WA?  □ Yes  □ No  □ Unsure
   If yes, please provide details and date of payment or claim (if applicable) __________________

SECTION 2 - Your Parents or other Carer(s) Details (if known)

8. Mother
   Family name __________________________ First name(s) __________________________
   Other name(s) known by __________________________
   Date of birth _______ / _______ / _______ Place of birth __________________________

9. Father
   Family name __________________________ First name(s) __________________________
   Other name(s) known by __________________________
   Date of birth _______ / _______ / _______ Place of birth __________________________

10. Carer(s)
    Family name __________________________ First name(s) __________________________
    Other name(s) known by __________________________
    Date of birth _______ / _______ / _______ Place of birth __________________________
    Family name __________________________ First name(s) __________________________
    Other name(s) known by __________________________
    Date of birth _______ / _______ / _______ Place of birth __________________________
    Family name __________________________ First name(s) __________________________
    Other name(s) known by __________________________
    Date of birth _______ / _______ / _______ Place of birth __________________________
    Family name __________________________ First name(s) __________________________
    Other name(s) known by __________________________
    Date of birth _______ / _______ / _______ Place of birth __________________________
    Family name __________________________ First name(s) __________________________
    Other name(s) known by __________________________
    Date of birth _______ / _______ / _______ Place of birth __________________________
    Family name __________________________ First name(s) __________________________
    Other name(s) known by __________________________
    Date of birth _______ / _______ / _______ Place of birth __________________________
SECTION 3 - Details of Your Sibling(s) (if known)

11. Your sibling(s)
This information will be used to help Redress WA find any records that may support your Application.

<table>
<thead>
<tr>
<th>Family name</th>
<th>First name(s)</th>
<th>Other names known by</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION 4 - Details of Where You Lived While in State Care (if known)

12. Details of where you lived while in State care (if known)

<table>
<thead>
<tr>
<th>Placement details (for example: name of carer/place, location/address or any other identifying information)</th>
<th>Age at time of placement</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys Town Biloela.</td>
<td>9 years</td>
<td>1911-54 to 1961</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION 5 - Details of abuse and/or neglect

YOU MUST COMPLETE SECTION 5.

13. Describe the abuse and/or neglect that you experienced while in State care.
For each incident please include as much detail as possible about:

- where the abuse and/or neglect took place
- who abused and/or neglected you
- the approximate dates and/or age at the time.
See attached.
14. How has the abuse and/or neglect affected you?

See attached
15. Did the abuse and/or neglect that you experienced while in State care result in medical treatment, hospitalisation and/or other services?

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical treatment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hospitalisation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other services</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If yes, please indicate the type of treatment, including hospitalisation, and/or services that were required as a result.

If insufficient space, please attach additional page(s).
16. Was the abuse and/or neglect reported to the Police, the Department (Child Welfare), and/or anyone else?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department (Child Welfare)</td>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
</tr>
<tr>
<td>Other</td>
<td>Yes</td>
<td>No</td>
<td>Unsure</td>
</tr>
</tbody>
</table>

If yes, please state ____________________________________________________________________________

17. Details of the person(s) believed to have harmed you (if known)

**Please note:** Redress WA will not disclose any information to the person(s) believed to have harmed you.

<table>
<thead>
<tr>
<th>Name of person(s) believed to have harmed you.</th>
<th>Relationship to you (For example - foster carer, cottage parent, parent, sibling, other child)</th>
<th>Was there a police conviction resulting from the offence(s)? If yes, please include details (if known).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bro. Murphy</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Bro. Angus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bro. Parker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bro. Dick</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bro. Moore</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bro. Quilligan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bro. deceased</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

_________________________________________________________________________________________
18. To add any further information to support your Application, please write in the space below. If insufficient space, please attach additional page(s).

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Please note: If you have relevant documentation (for example: medical records, psychological records, victim impact statement, departmental documents, police statement) to support the information provided, please provide a copy with your Redress WA Application Form.
SECTION 7 - Proof of Your Identity

A certified copy of one of the following documents must be attached to this Application as proof of your identity. Applications will not be accepted without proof of identity attached.

Please indicate which document(s) is attached with the Application:
- ☐ Current driver’s license
- ☐ Birth certificate or extract
- ☐ Current concession card (e.g. Centrelink)
- ☐ Current passport identification page
- ☐ Seniors Card
- ☐ Proof of Age card.

If your name has changed, please indicate which document(s) is attached with the Application:
- ☐ Marriage certificate
- ☐ Adoption Order
- ☐ Registration of name change/deed poll
- ☐ Any other official document verifying your name change.

Certification must be completed by an authorised person as listed on the How to Complete the Redress WA Application Form Guidelines (Appendix A).

The certification, to be completed on each document, should read:
"I certify that this is a true and correct copy of the original."

The certification must:
• include the signature of the person certifying the documents
• include their full name and position
• be dated.

Please refer to the How to Complete the Redress WA Application Form Guidelines (Appendix A) for details of persons who can certify the documents.

Overseas applicants will need to have their documents certified under Section 12 of the Oaths and Affidavits and Statutory Declarations Act 2005.

Please refer to the How to Complete the Redress WA Application Form Guidelines for further details.

Applicants who are unable to provide any of the documentation listed above should complete the Referee information in SECTION 8.
SECTION 8 - Proof of Identity if You Cannot Provide any of the Documentation Listed at SECTION 7.

This section should be completed if you cannot provide any proof of identity documentation because it does not exist. For example, if your birth was never registered. SECTION 8 should NOT be completed if you can obtain proof of identity documentation (see SECTION 7) from the Registry of Births, Deaths and Marriages or another source.

Referee (1)
I (referee's full name) (please print) ______________________________________________
of (address) __________________________________________________________________

have known (Applicant's name) ________________________________________________
for ____________________________ years and declare that this is her/his signature hereunder.
Signature of Applicant ____________________________ Date _____ / _____ / _____
Signature of Referee ____________________________ Date _____ / _____ / _____

Referee (2)
I (referee's full name) (please print) ______________________________________________
of (address) __________________________________________________________________

have known (Applicant's name) ________________________________________________
for ____________________________ years and declare that this is her/his signature hereunder.
Signature of Applicant ____________________________ Date _____ / _____ / _____
Signature of Referee ____________________________ Date _____ / _____ / _____

SECTION 9 - Legal Personal Representative Claiming on Your Behalf (if applicable)

This section should only be completed by the Legal Personal Representative acting on your behalf. A Legal Personal Representative is a person who is a guardian or administrator within the meaning of the Guardianship and Administration Act 1990 or a person who has been granted an enduring Power of Attorney over the affairs of the Applicant.

19. Legal status
I am making this application as the Legal Personal Representative of the Applicant under
☑ a Court order ☐ Power of Attorney ☐ Other _________________________________

A copy of your authority to act must be attached to this application form.

20. Details of Legal Personal Representative
☑ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other _________________________________

Family name ____________________________ First name(s) ____________________________
Relationship to Applicant
☐ Public Trustee ☐ Lawyer ☐ Advocate ☐ Relative ☐ Other ____________________________
20. Details of Legal Personal Representative continued

CURRENT RESIDENTIAL ADDRESS
Street__________________________________________________________
Suburb________________________________________________________
State Postcode Country________________________________________
Telephone DAY______________________ AFTER-HOURS ___________ MOBILE_________
Email __________________________________________________________ Fax _______________

POSTAL ADDRESS (if same as residential address write ‘as above’)
Street__________________________________________________________
Suburb__________________________________________________________
State Postcode Country________________________________________

21. Is the Applicant deceased?  □ Yes  □ No

Please note: the relatives and/or the estate of deceased persons are not eligible for Redress WA.

SECTION 10 - Person Authorised to Assist with this Application
(if applicable)

This section should only be completed if you request that an authorised person may liaise directly with Redress WA on your behalf to help with the Application process.

By signing this section the authorised person named below will be able to discuss your case and where appropriate obtain information and documents from Redress WA.

22. Details of person authorised to assist with this Application

☑ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other _____________________________
Family name __________________________________First name(s) ______________________
Relationship to Applicant
☐ Lawyer ☐ Advocate ☐ Relative ☐ Other _____________________________
Organisation (if applicable) ___________________________________________________

POSTAL ADDRESS
Street__________________________________________________________
Suburb__________________________________________________________
State Postcode Country________________________________________
Telephone DAY______________________ AFTER-HOURS ___________ MOBILE_________
Email __________________________________________________________ Fax _______________

23. Authorisation

I hereby authorise and direct Redress WA (Department for Communities) by its employees, servants or agents to give such information and documentation as my representative named above may request, and as Redress WA may lawfully provide, to assist me with my Redress WA Application.

Signature of Applicant _______________________________ Date _____ / _____ / _____
SECTION 11 - Declaration by You or Your Legal Personal Representative

PLEASE READ THIS SECTION CAREFULLY BEFORE SIGNING

• I declare that the information which I have given in this Application Form is true and correct to the best of my knowledge.

• I understand that Redress WA (Department for Communities) may request any person or agency to produce to it any document which may relate to this Application.

• I agree to tell Redress WA in writing if there are any changes in my circumstances or those of the person on whose behalf I am applying (including changes of address and telephone number) as soon as possible.

• I agree to inform Redress WA if I or the person on whose behalf I am applying receive damages or compensation from any source for any or all of the incidents of abuse and/or neglect in respect of which this Application is made.

• I agree to give full assistance to Redress WA in the conduct of this Application.

• I hereby authorise Redress WA (Department for Communities) by its employees, servants or agents to make such enquiries to obtain information and documentation as they may require to assess my application from other agencies, including but not limited to, the Department for Child Protection and the Western Australian Police Service.

Signature of Applicant
Date 2/2/09

OR

Legal Personal Representative
Date _____/_____/____
Please complete the checklist below before lodging the Application with Redress WA.

☐ SECTION 1, Question 5
If you have a life threatening illness, is a medical certificate confirming this attached?

☐ SECTION 4, Question 12
Have you completed details of where you lived while in State care?

☐ SECTION 5, Question 13 to 15
Have you completed a written account of the abuse and/or neglect you experienced?

☐ SECTION 7 and SECTION 8
Is proof of your identity attached?

☐ SECTION 9, Question 19
If applying on behalf of the Applicant as their Legal Personal Representative, have you attached a copy of your authority to act?

☐ SECTION 10, Question 23
If you want to allow someone else to discuss your claim with Redress WA, has an authority been signed?

☐ SECTION 11
Is your declaration signed and dated?

☐ Have you attached photocopies of supporting documents to the Application?
Please list these below ___________________________________________________________
_________________________________________________________
_________________________________________________________

☐ Have you kept a copy of your Application Form for your personal records?

The following information will only be used for statistical purposes and is optional:

a. Status of person completing this Application Form (please tick one)
   ☐ Applicant (self)
   ☐ Person with authority to act on behalf of Applicant
   ☐ Agent for Redress WA (through Redress WA Application Assistance)

b. How did the Applicant hear about Redress WA? (please tick)
   ☐ TV
   ☐ Radio
   ☐ Website
   ☐ Community Newspaper
   ☐ The West Australian Newspaper
   ☐ Friends or family
   ☐ Other Newspaper
   ☐ Redress WA Information Session
   ☐ Other _______