Redress WA Application Form

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

☑ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Family name McGregoor. First name(s) James

Maiden name (if appropriate) ____________

Other name(s) known by ALBERT (BERT)

Date of birth REDACTED 1941 Place of birth Aberdeen

☑ Male ☐ Female

2. Your address

CURRENT RESIDENTIAL ADDRESS

Street REDACTED

Suburb REDACTED

State

Telephone

Email

Fax

POSTAL ADDRESS (if same as residential address write 'as above')

Street REDACTED

Suburb

State

3. Your preferred type of contact

Please contact me by ☑ 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 ☐ No - Non-Aboriginal

☐ Yes ☐ No ☐ Unsure

e) Adopted * ☑ Yes ☐ No ☐ Unsure

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  ☐ Aged Pension

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 McGregor, First name(s) Isabella
Other name(s) known by Stuart McGregor
Date of birth Unknown Place of birth Scotland (Newcastle)

9. Father
Family name
Other name(s) known by
Date of birth Place of birth

10. Carer(s)
Family name Nazareth House First name(s) Aberdeen & Subiaco
Other name(s) known by
Date of birth Place of birth

Family name Christian Brothers First name(s) Castledare
Other name(s) known by
Date of birth Place of birth

Family name Christian Brothers First name(s) Clontarf Boys Town
Other name(s) known by
Date of birth Place of birth

Family name
Other name(s) known by
Date of birth Place of birth
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>VG</td>
<td>Alex</td>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td>VG</td>
<td>Jim</td>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td>3 Step Sisters in Aberdeen</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yvonne</td>
<td>Helen</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>Naythith House, Subiaco</td>
<td>5 years</td>
<td>1947</td>
</tr>
<tr>
<td>Castledare Boys Home</td>
<td>about 7</td>
<td>1949</td>
</tr>
<tr>
<td>Clontarf Boys' Town</td>
<td>about 80</td>
<td>1952-57</td>
</tr>
<tr>
<td>Despite many requests for my personal files they seemed to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>still be unavailable ? ? ? ?</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.
1. Removal from family, culture and country, resulting in lifelong physical and emotional deprivation, loneliness and isolation.

2. The State and N.G.O.'s had no right under any laws to deprive me not only of the above, but by location into Australia they deprived me of possible family reconciliation and reunion. This reconciliation and reunion was further prevented by the forcing of the lie that I was a "WAR ORPHIN."

3. Abuse - Catshedere - physical, emotional, mental and educational abuse.

Having been through the "Towards Healing" programme here in Tasmania, with Rev Peter Dowling and Mr Joseph Brandon 2005? sufficient to say that I was in the "CARIS" 2006?

One of Australia's most notorious "keepers" for the whole time I was at Catshedere. His weapons, this period were ridicule, emotional dominance and a very twisted sense of loyalty that exclude one appeal to other staff members. I was dominated into complete submission through fear.

Clontarf - Abuse extended to being taken into his bed. I don't know how many times - but until about the age of 11-12 or so I cried in terror. I spent a lot of time isolated in the infirmary and was isolated as much as possible from much of the communal part of Clontarf. I became the reject of the brother.

4. I left Care 1957 - Illiterate with no life skills and no positive self image.
14. How has the abuse and/or neglect affected you?

(1) 1957 - 1962. Pursuit of education - much humiliation and failure till I finally matriculated with honors. The normal process into the work force was made nearly impossible.

(2) After Care, I sailed out of my life normal human relationships - I lost trust in people and in the believe that I was "lovable" or could share love with anyone. In other words my relationships and emotional lives were completely destroyed.

I turned to God and away from human love; I became a Religious Educator - Deviu towards providing the best education I could. My childhood address isolated me from "normal human behavior" and turned me into a person who would pursue educational skills to be of service to others and be again personal satisfaction.

T.P.T.C. GSCC, B.A. MEd + Art, Music and Fine Art Education.

(3) I carried the debt aspect of my childhood abuse until the scandal of institutional abuse by the church became public in the mid 1980's. The shock of the extent of abuse within my church destroyed my life yet again. What I thought was the unique soul of my childhood turned out to be just one face in an ocean of abuse. I fell into post traumatic stress for many years. I left my Order, my lifestyle, everything I held and have lived alone ever since. My adult life was destroyed.

(4) Since 1987 I have campaigned both within and outside the church against abuse of the Child Migration Scheme. Physical, sexual, and emotional abuse towards wards of the state by institutions of child care. I have even petitioned Federal Parliament called "With God Behind the Eight Bell" which I believe is ininserted Copy). If insufficient space, please attach additional page(s).
Q 14. Continued:

(a) Separation - With revelation of wide spread abuse from 1887 - 1994, a period of 7 years I became more and more separated with the Order, because of feelings of shock, betrayal and disgust. My trust was slowly destroyed and I began to feel separation from the Christian Brothers. Finally in 1994 I separated from the Order.

This separation had many facets:

(i) Loss of career within the Order.
(ii) Loss of association with lifelong friend and loss of my way of life.
(iii) Complete separation from my world as a religious teaching brother.
(iv) Feeling of being "polluted" by association with all that I had held dear and important.

It is difficult if not impossible to underestimate the pain and suffering that this seven year separation process caused.

(b) Isolation: There was nobody within my Order I felt I could turn to. The Order seemed too deaf or trying to protect itself by following legal advice to admit to, turn to or even to listen to my story, my pain and my trauma. They were not available to or attached to my real needs. They seemed too eager to get me to right off from the Christian Brothers. This I declined to do.

(ii) Isolation: Since 1994 I have lived ALONE in accordance with my Vows of Celibacy. This I have done as a point of honour - 2008.
Separation and Isolation

Depression resulted 1985 ⇒ Now

Loss of earnings due to poor health and depression, 2000 to 2006, had to change career to care for disabled. From $50,000+ profession paid at level 13 the highest in Catholic Education to $20,000 and less a full-time part-time care with Catholic parochial services. 7 Queen St. South Berwick Tasmanian 7320.

From 1994 to 2006 I struggled trying to maintain my profession as a religious educator only to see the decline of professional interest in the end were offended. I felt abandoned by my Order, and Catholic Education.

I believed I suffered the fate of a "Whistleblower" as the consequence of my riding with Victims of Institutional Abuse by publishing the results of my survey and my "Coming Out" as an abused victim.

Encouraged counselling with Catholic Centre Care 2005-2006 with Dr. Schlingo. See attached letter from Dr. Magella of Hobart.
Q: P. Cont

Chair Person - Fr. Majella

Finally, 12-13 years from 1994, they sat down to hear my story. They all acknowledge the damage to me. Psychologically, emotionally, physically, professionally and financially. More importantly, they became aware of my past history of abuse while in care at Castledare and Clontarf, acknowledge by congratulations, congregational leaders, the Rev. W. P. Dowling. He publicly offered his apology on behalf of the Order of the Christian Brothers.

Side of this meeting should be with Fr. Majella at CENTRECARE - Hobart.
15. Did the abuse and/or neglect that you experienced while in State care result in medical treatment, hospitalisation and/or other services?

Medical treatment  Yes ☐ No ☐ Unsure ☐
Hospitalisation  Yes ☐ No ☐ Unsure ☐
Other services  Yes ☐ No ☐ Unsure ☐

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

1. Breakdown in childhood - in isolation for weeks.

2. Lost Traumatic Stress - led to heart trouble in late 1980s - went to hospital in Mt. Henry 9 times for angiogram and angioplasty. I got fright pan by 180° of stress and shock of my exist of mine and would write church abuse. Ended up with a "stent" in one of my heart arteries.

3. Went to Psychological Counselling at a place in Randfield in 1980s, did not trust. I told "in house" counsellor to tell about childhood abuse at that time. Melbourne in 1980s. Up here.

4. Went to Counsellor here in Burnie before entering the Towards Healing Programme - Dr. Schmitter.

5. "Towards Healing Programme"

6. My note of privacy put the legal option out of the question. I have no confidence in litigation against government and church authorities. I have enough to survive my present lifestyle but cannot maintain house or vehicle.

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></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></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.

| Name of person(s) believed to have harmed you. | Relationship to you (For example - foster carer, cottage parent, parent, sibling, other child) | Was there a police conviction resulting from the offence(s)?  
If yes, please include details (if known). |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>State Government</td>
<td>I was its Ward</td>
<td>No.</td>
</tr>
<tr>
<td>Christian Brother (Ex. Father)</td>
<td>I was placed in their care</td>
<td>No.</td>
</tr>
<tr>
<td>H. Murphy (Sexual Victimization)</td>
<td>Father-in-law protected me</td>
<td>No.</td>
</tr>
<tr>
<td>B. Doyle (Physical Violence)</td>
<td>Elderly, no contact</td>
<td>No.</td>
</tr>
<tr>
<td>The Church of W. A.</td>
<td>Failure to adopt paedophile</td>
<td>No.</td>
</tr>
<tr>
<td>Ex. Bishop in 1990-1993</td>
<td>He was our Guardian</td>
<td>No.</td>
</tr>
</tbody>
</table>
SECTION 6 - Other Information to Support Your Application

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

It seems to me that ignorance, complete dependency and isolation causing powerlessness, results in the abuses of institutionalisation so children being accepted as normal behaviour by those children. I evolved into complete conformity to rules, behaviour and even religious beliefs in my survival techniques. The abused in an abusive life are the dominant evil that I have to try to avoid. One is forced to conformity in order to become invisible. There is no redress, no escape, no independent power or to appeal to. Ignorance, isolation, make such options impossible. Even if I had dared cry out the State authorities were invisible - off my planet - unknown. I am referring to the Dept. of Child Welfare.

I am, I believe, a man of deep religious conviction. I accepted the abuses of my childhood because I survived and walked through life with my feet, my church and my religious order. My adult life was good, fulfilling and useful. It ended with the discovery in 1987 of church universal abuse. The rest is public history. I asked not against the Church but with its victims. Because I knew their stories were true as they marred my childhood.

You are offering redress to my life three times destroyed - Scotland, Family & Institutionalized childhood - Professional Religious Educator. - I thank you for that and hope you can give some financial support as I live on the aged pension.

I live alone as an aged pensioner. I have little quality of life. The Church has agreed to pay private medical cover and my former Religious Order will cover my funeral. A nest egg from you will ease my poverty.

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 ____________.

OR

Legal Personal Representative __________________________
Date ______/_____/______
CHECKLIST

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
   ☐ Redress WA Information Session
   ☐ Other: ____________________________