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: COSGROVE
- First name(s): Oliver
- Maiden name (if appropriate): ____________________________
- Other name(s) known by: ____________________________
- Date of birth: ____________________
- Place of birth: Islington London UK
- Male ☐ Female ☐

2. Your address
- CURRENT RESIDENTIAL ADDRESS
- Street: ____________________________
- Suburb: ____________________________
- State: ____________________________
- Postcode: ____________________________
- Country: Australia
- Telephone: ____________________________
- Email: ____________________________
- POSTAL ADDRESS (if same as residential address write 'as above')
- Street:
- Suburb: ____________________________
- State: ____________________________
- Postcode: ____________________________
- Country: ____________________________

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
- ☐ 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 terminal illness? ☐ Yes ☑ No
If yes, please attach a copy of a current medical certificate to the Application confirming your prognosis.

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, including criminal injuries 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) ____________________________

8. Referrals to the Western Australian Police
Where clear information relating to a criminal act becomes evident, Redress WA will refer the Application to the Western Australian Police, unless the Applicant has indicated they do not want this to occur by ticking "No" in the question below.

Information related to person(s) that Redress WA reasonably believes are currently caring for children will always be referred to the Western Australian Police and the Department for Child Protection, irrespective of whether permission has been obtained from the Applicant or his/her legal personal representative
☑ Please tick this box if you do not want information in this Application referred to the Western Australia (or other) Police Service.

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

9. Mother
Family name COSGROVE First name(s) Anna Maureen
Other name(s) known by ____________________________
Date of birth RED / RE / 1910 Place of birth Belfast

10. Father
Family name ____________________________ First name(s) ____________________________
Other name(s) known by ____________________________
Date of birth ____________________________ Place of birth ____________________________

11. 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 ____________________________
SECTION 3 - Details of Your Sibling(s) (if known)

12. 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>
</tbody>
</table>

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

13. 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 From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Vincent's Home Subiaco</td>
<td>4</td>
<td>22/01/53 - 07/01/56</td>
<td></td>
</tr>
<tr>
<td>Castledare</td>
<td>7</td>
<td>08/01/58 - 08/01/58</td>
<td></td>
</tr>
<tr>
<td>Clontarf</td>
<td>9</td>
<td>08/3/58 - 29/1/59</td>
<td></td>
</tr>
<tr>
<td>77 Riverton St, Wilson</td>
<td>15</td>
<td>29/1/64 - 29/1/66</td>
<td></td>
</tr>
<tr>
<td>PMG Dept. Various NSW Towns</td>
<td>17 - 20</td>
<td>09/1/66 - 28/1/67</td>
<td></td>
</tr>
<tr>
<td>Puckapunyal Army Camp (Arts &amp; W)</td>
<td>20 - 21</td>
<td>28/1/67 - 31/1/69</td>
<td></td>
</tr>
<tr>
<td>+ Randwick Army Base</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Turned 21 on 3/1/70. So army service immaterial.

SECTION 5 - Details of abuse and/or neglect

YOU MUST COMPLETE SECTION 5.

14. 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.
Castledare - continuous (ie weekly at least) punishment by being struck with a cane or strap.

Sexual abuse by brother Murray in 1956 and unresolved instances of abuse indicated by being removed from bed in 1956. Neglect by emotional deprivation and emotional abuse throughout 1956-1957.

By insult, criticism and inconsistent treatment, belittlement. Scrupulous lack of female presence, consistent coldness, unjust and harsh punishment. False description as being an orphan. Psychogenic amnesia in respect of sexual abuse.

Bedwetting commenced at Castledare.

Clontarf. All of the above, in addition to sexual abuse as a child of 9 yrs -14 yrs old by brother August Grootage + sexual pressure on body.

Sexual abuse inferred by son Sgt Mrs Nalpani & Mountjoy Road Medallion, where psychogenic selective amnesia exists in respect of Shower visits + of visits to Winthrop Hall tower ed University of Wt. Continued Bedwetting at Clontarf, bedwetting + humiliation if this condition occurred.

Frequent (at least weekly) corporal punishment in presence of others dispensed with by all staff.

Members at Clontarf D O'Doherty, Flanagan, Fitzgerald, Marley, Jackson, Cusack. Weekly assemblies of punishment where I witnessed one or received humiliating public thrashing by D O'Doherty. Isolation in institution + lack of necessary stimulus for growth + development. Frequently disturbed by dissonance between advocated behaviour + goals (eg piety, industry, mercy, justice, fairness etc) and actual treatment (harshness, unfairness, belittlement, brutality, punitive ness)

AFTER CARE 29/11/64 - 3/170. UNDER IMMIGRATION (GUARDIANSHIP OF CHILDREN) ACT 1948. I WAS UNDER CUSTODIALSHIP OF CEMNA WHO WAS SUPPOSED TO PROVIDE AFTER CARE.

AFTER CARE DESCRIBED WILK CHILDREN ACT 1948 AS TO BE ASSISTED AND BE LED. NO AFTER CARE.
15. How has the abuse and/or neglect affected you?

Bedwetting - began at Costercare, continued into

PTSD - avoidance of stressors, altered wakefulness, irritability, hypervigilance, concentration problems, shake dreams

Hypertension - Bruises, Rips, Screamings, including nightmares, unexplained thoughts of events, flashbacks, avoidance of trigger thoughts

Sleep disturbance - inability to commence sleep because of mindlessness, excessive thinking

Erectile Disorder - hypergonadism due to hypothyroid

Inability to have a family - relationship disorders, dissociative phenomena, inability to commit to close relationships, lack of trust, lack of optimism, belief that people are exploitative

Loss of faith

Alcohol abuse - first stages of cirrhosis diagnosed + advised to cease drinking

Alcohol abuse - Arrested + convicted on DWI charge

Driving licence withdrawn except under medical endorsement due to medication related to PTSD causing an accident

Hospitalised in Fremantle Psychiatric Ward + outpatient Hollywood Hospital for Psychiatric Treatment

Lack of family life due to untruthful description of me as an orphan, and so my mother dying 12 months before I learned of her existence

Early truncation of my career as a teacher due to chronic mental health permanent psychiatric disorder

Loss opportunity to meet mother

Anxiety symptoms

Poor self-image, fragile self-esteem

Nightmares + flashbacks of sexual abuse

If insufficient space, please attach additional page(s).
16. 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>Medical treatment</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>☐ Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalisation</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Unsure</td>
</tr>
<tr>
<td>Other services</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Unsure</td>
</tr>
</tbody>
</table>

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

- Psychiatric treatment - medication Temazepam, Phenothiazine, Mindaneal world, Fremantle Hospital inpatient
- Outpatient: Fremantle General Hospital, Outpatient: Dr James Fellow-Smith
- Psychological Treatment - Harmanington Clinical Psychology
- Educational Treatment - Dr. Quin, Androgen treatment, Dr. D. Cherry, Androgen treatment
- Dr. J. Phillips - Dr. S. Cullen, Sleep disorder treatment - Outpatient: St. John of God Hospital, Murdoch
- Neurological Treatment - Dr. A. Ho, St. John of God Hospital, Murdoch
- Neurological Treatment - Dr. S. Ho, Mercy Hospital, Mt. Lawley
- Fremantle ICU Ward - Treatment for minor vehicle accident occasioned by stress-related drugs
- Dr. David Lord - Psychiatric Treatment

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

<table>
<thead>
<tr>
<th>Question</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: [Signature and Date]

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

Please note: The information in Question 18 may be referred to the Western Australia (or other) Police Service. If you do not want information referred to police it is important to tick the box at Question 8 in Section 1 of this form. Redress WA will not disclose information to any other person without your express permission.

<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)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr P O'Doherty</td>
<td>Principal, Castledare</td>
<td>No</td>
</tr>
<tr>
<td>Mr P O'Doherty</td>
<td>Principal, Clontarf</td>
<td>No</td>
</tr>
<tr>
<td>Mr Argus</td>
<td>Brother, Clontarf</td>
<td>No</td>
</tr>
<tr>
<td>Mr Murray</td>
<td>Brother, Castledare</td>
<td>No</td>
</tr>
<tr>
<td>Mr Flanagan</td>
<td>Brother, Clontarf</td>
<td>No</td>
</tr>
<tr>
<td>Mr Fitzgerald</td>
<td>Brother, Clontarf</td>
<td>No</td>
</tr>
<tr>
<td>Mr Marques</td>
<td>Brother, Clontarf</td>
<td>No</td>
</tr>
<tr>
<td>Mr J Jackson</td>
<td>Teacher, Clontarf</td>
<td>No</td>
</tr>
<tr>
<td>Archbishop Redmond</td>
<td>Custodian</td>
<td>No</td>
</tr>
<tr>
<td>Sister, Providence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father Cyril Stinson</td>
<td>Director, CENWA</td>
<td>Yes</td>
</tr>
<tr>
<td>Mgr G. P. Cravan</td>
<td>National Director FCIC</td>
<td>No</td>
</tr>
</tbody>
</table>

[REDACTED]
SECTION 6 - Other Information to Support Your Application

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

Documents [48 attached]

INTENTION BETWEEN CHILD WELFARE DEPARTMENT AND ARCHBISHOP OF SYDNEY MADE OUT IN COMPLIANCE WITH IMMIGRATION (GUARDIANSHIP OF CHILDREN) ACT REQUIRED THAT I BE TREATED IN ACCORDANCE WITH CHILD WELFARE ACT UNTIL I WAS 21. NO AFTERCARE WAS PROVIDED. WAS PLACED IN A FAMILY HOME WHOSE ONLY CRITERION OF SELECTION WAS THAT IT PRACTISED THE SAME RELIGION AS THE CUSTOMER. WHEN I LEFT THAT FAMILY THE SO-CALLED AFTERCARE WAS LISTED IN ANNUAL REPORTS OF CWD AS BEING BY LETTER, OR SURVEILLANCE BY PARISH PRIEST, OR THROUGH ST VINCENT DE PAUL SOCIETY. THESE ARM'S LENGTH WAYS OF PROVIDING AFTER-CARE DID NOT WORK

IN MY CASE THE FAMILY HAD SIX CHILDREN OF ITS OWN

UK NAMES OFFICE, AND UK FEDERATION BOTH HAD CONCERNS AIRED ABOUT LACK OF GOOD CARE IN AUSTRALIA.

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.

Please do not send in original documents.
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 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 attach one of the following documents with the Application:
☐ Marriage certificate
☐ Adoption Order
☐ Registration of name change/deed poll
☐ Any other official document verifying your name change.

Applicants who are unable to provide any of the documentation listed above should complete the Referee information in SECTION 8.

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

You cannot certify your own documents.

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 APPENDIX B in 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.

Please have two referees verify your identity. Each referee must have known you for at least 12 months and must not be related to you.

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 _____/_____/_____
AND

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.

20. 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.

21. Details of Legal Personal Representative
☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other _______________________
Family name ____________________________ First name(s) ________________________
Relationship to Applicant
☐ Public Trustee ☐ Lawyer ☐ Advocate ☐ Relative ☐ Other ________________________
21. Details of Legal Personal Representative (continued)

CURRENT RESIDENTIAL ADDRESS
Street ____________________________
Suburb ____________________________
State _______ Postcode ________ Country ____________________________
Telephone ____________________________ AFTER-HOURS ____________________ MOBILE ________________
Email ____________________________ Fax ________

POSTAL ADDRESS (if same as residential address write ‘as above’)
Street ____________________________
Suburb ____________________________
State _______ Postcode ________ Country ____________________________

22. 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.

23. 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 ____________________________ AFTER-HOURS ____________________ MOBILE ________________
Email ____________________________ Fax ________

24. 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 ______/_____/______
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 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, the Office of Criminal Injuries Compensation and the Western Australian Police Service.

• I consent to my Redress WA Application Form and documents provided by me or by Redress WA (Department for Communities) by its employees, servants or agents being released and provided to the Western Australian Police Service (or other police service if applicable) for the purpose of police investigation, unless I have marked the box at Section 1 Question 8 of this Application Form to say that I object to Redress WA so providing the documentation to the police.

Signature of Applicant ___________________________ 23/01/08 Date

Name: OLIVER CUSODENI (please print full name)

Date of birth: 8/1/1949

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 current medical certificate confirming this attached?

☐ SECTION 4, Question 13
Have you completed details of where you lived while in State care?

☐ SECTION 5, Question 14 to 16
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 and signed by someone other than yourself OR have two independent referees verified your identity?

☐ SECTION 9, Question 20
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 24
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  ☐ Community Newspaper  ☐ Friends or family
   ☑ Radio ☐ The West Australian Newspaper ☐ Redress WA Information Session
   ☑ Website ☐ Other Newspaper  ☐ Other __________________________