



APPLICATION

For former residents in State care who experienced sexual abuse whilst in State care

This is the form you need to fill out in order to have your request for an *ex gratia* payment assessed. Before you fill out this form, please read the Guidelines. The Guidelines will explain the questions and help you understand how to fill out this form. This form is for *ex gratia* payments only. It is not a common law claim. You will also need to complete a statutory declaration which states that you have filled out this form accurately and truthfully. If you need more space, please see attached additional pages.

Part 1 – Your Details

Title

Mr Mrs Ms Miss Other _____

First Name

Middle Name

Surname

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Prior Names, AKA Names or Any other names you were known by in an Institution?

First Name/s	Surname/s
First Name/s	Surname/s

Gender

(M/F)

DOB, if known.

Place of Birth, if known.

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Current Residential Address

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Suburb

State

Post Code

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Postal Address (if different from residential address)

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Suburb

State

Post Code

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Home Phone (including area code)

Work Phone

Mobile

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Part 2 – Your Family

Birth Parents' names, if known.

Mother:		
First Name/s	Surname/s	Other name/s
Father:		
First Name/s	Surname/s	Other name/s

Do you have any siblings? If so, please list their full names, if known.

Were you adopted? Please Tick (If no, please proceed to Part 3 – Your time in State Care)

Yes No

If yes, what is your adopted family's full name?

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Date of adoption, if known.

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Do you have siblings in your adopted family? If so, please list their full names, if known.



Part 3 – Your time in State Care

When were you in State Care and where were you placed? Please list From/To dates and place of care, if known. Please refer to list of homes, institutions, or places of care provided.

From:	To:	Place of Care:

Please indicate the circumstances in which you were placed in care, if known.

- Under the Guardianship of the Minister/State (i.e. a ward of the State)
- Under custody or control Order
- Under private arrangement
- Not sure

Were you in State care when you were sexually abused?

- Yes No

If Yes, please list what place of care you were in and when sexual abuse took place



Part 4 – Details of sexual abuse whilst in State care

To be considered for a payment, you must establish that you were sexually abused while you were in State Care. The Guidelines will help you understand what is meant by the term "sexual abuse".

If you gave evidence to the Commission of Inquiry (Children in State Care) ("the Mullighan Inquiry"), you may wish to rely upon that evidence by providing a copy of the transcript of your evidence and copies of any other relevant documents that you may have supplied to the Inquiry.

Please provide details of the sexual abuse you suffered.

Where did the sexual abuse take place? (May be different from place of care listed above.)

When did the sexual abuse take place?

Who sexually abused you? (Name, if known, or as much detail as you can recall.)

What is the relationship of the abuser to you?



Were there other witnesses to the sexual abuse or people who know about the abuse?

Yes No If yes, please provide details _____

Do you know of any others who were abused by this person?

Yes No If yes, please provide details _____

Please describe any other specific details that will help establish the circumstances of the sexual abuse?



Part 5 – The Effect of Sexual Abuse

Describe the effect the sexual abuse has had upon you.

If you have a diagnosed medical condition arising from the sexual abuse, please advise what it is. (Attach any medical reports that you have. Payment will not be made for a new report unless payment is authorized before you obtain the report.)

Do you have health problems that are life threatening and require your application to be prioritised?

Please provide details of treatments or assistance that you have received in relation to the sexual abuse?

Who is your current General Practitioner (GP) and what is his/her contact details?



What are the names of treating practitioners or therapists who have treated you and what are their contact details? eg psychiatrists, psychologists, counsellors



Part 6 – The History of your Sexual Abuse

Did you give evidence to Commissioner Mullighan's Inquiry?

- Yes No Do not wish to answer

Apart from the Inquiry, was the sexual abuse ever reported to the Department of Families and Communities, the Police or any trusted person?

- Yes No

If yes, please provide details of who it was reported to and when.

If yes, please provide details of whether there was an investigation into the sexual abuse reported by you. Did you give evidence or a statement to the Police?

Have you ever made a claim for compensation from the State or other person or organisation in relation to the sexual abuse? Has it been finalised? What was the outcome? Please provide details of the claim, and if applicable, your solicitor.



Do you have any debts owed to the State? (i.e. outstanding court fines, State taxes?)

Yes

No

If Yes, please give details of amounts owed and to which Government agency the amount is owed.

Are you an undischarged bankrupt?

Yes

No

If Yes, please give details of your trustee in bankruptcy.



Part 7 – Approvals

Do you consent to us having access to any records of your criminal history?

Yes No

Please complete and sign the attached Police History Check request.

Do you consent to us obtaining medical records that may be relevant to your application?

Yes No

Do you consent to a medical examination by a doctor nominated by us, at our expense, if we consider it necessary?

Yes No

Do you consent to us obtaining documents from Government agencies to help us verify your application, and to determine whether you have a debt owed to the State?

Yes No

Do you consent to us retrieving from the Children in State Care Inquiry's documents your transcript of evidence, any documents supplied by you, and official records about you gathered by the Inquiry?

Yes No

Do you consent to us viewing the list of persons compiled by the Children in State Care Inquiry described as having been in State Care and alleging sexual abuse, to see whether your name is on that list?

Yes No

Do you consent to be interviewed, if necessary, to help us understand the circumstances of your application and to verify it?

Yes No

Do you acknowledge that any *ex gratia* payment will require a deed of release i.e. will have the effect that you cannot make further claims or applications for compensation or payments from the State associated with any abuse you suffered?

Yes No

A draft Deed of Release is attached for you to read. You do not have to sign it now. If you are made an offer of payment, we will send you a Deed of Release with your details in it for you to sign.

Do you acknowledge that the decision to accept an *ex gratia* payment should be made on legal advice about your rights? In particular, you should obtain advice in relation to the requirement that you sign a deed of release. The Victims of Crime Fund will contribute up to \$750 towards your legal costs in relation to advice on the Deed.

Yes, I understand this. No, I do not understand this.



Do you acknowledge that any debt you owe to the Victims of Crime Fund will be off set against any *ex gratia* payment that is made in your favour?

Yes

No

I have read, understood and agree to each of the approvals listed above.

Signed*:

Name of applicant / legal guardian:.....

Date:.....

* This form must be signed by the applicant personally unless the applicant is under a legal or other disability which prevents a personal signature.



Part 8 – Checklist

Please attach the following documents to support your application.

Proof of Identity

One copy of a photographic identification **and one other document** from a Government agency containing your name and address is required. The **two documents must match** by reference to a name and current address. Examples of these documents include

- Current Driver's Licence (copy of both sides)
- Copy of full Birth Certificate
- Copy of current Concession Card (e.g. Centrelink, Department of Veteran's Affairs)
- Copy of current Passport identification page
- Any other official document verifying your identity e.g. copies of credit cards, bank statements or utility accounts

If your surname is different from the name you were known by as a child in State Care, you should provide a certified copy of any one of the following documents as verification of your name change:

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

Other Relevant Documents

- A Statutory Declaration verifying the information in this application. A declaration is attached. Do not sign it until you are in the presence of a Justice of the Peace or other person authorized to witness a statutory declaration. If you have filled out this form on behalf of another person, that other person must sign the statutory declaration.
- Medical Reports, if you have any.
- Transcript, if you received it, from the Inquiry.
- Any documents you have that are relevant to your application that you were in State Care or that you were sexually abused (e.g. Statutory Declaration from your family members).

