



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 through the Application Guidelines, which will explain the questions and help you understand how to fill out this form correctly. 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 feel free to attach additional pages to your application form.

Please Note: *The task of providing details of the sexual abuse for the ex gratia application, is confronting and therefore you might wish to seek support in completing this application. Post Care Support Services within Relationships Australia SA, or the Commissioner for Victims' Rights may be able to provide assistance in completing this application. Please see page 7 of the Application Guidelines for contact details.*

PART 1 - YOUR DETAILS

Title

Mr Mrs Ms Miss Other _____

First Name	Middle Name	Surname

Prior Names, Also Known As (AKA) Names or any another 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





Current Residential Address

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Suburb

State

Postcode

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Postal Address (if different from residential address)

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Suburb

State

Postcode

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Home Phone (including area code)

Work Phone

Mobile

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Fax (including area code)

Email Address

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What is your preferred method of contact?

Can staff leave a message?

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If no, please give details. (e.g. can message be left with Support Person, Counsellor or Advocate?)

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Please indicate if you primarily identify as:

- Aboriginal Torres Strait Islander

Are you currently in a correctional centre or on parole? Yes No

Are you currently homeless or transient? Yes No

Are you the subject of a Guardianship and/or Administration Order made by the Guardianship Board? Yes No

(If yes, please attach a copy of the Order)





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 any 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. You can refer to the suggested list of homes, institutions, or places of care provided for assistance although this list is not exhaustive. You can also refer to the **Application Guidelines** for more information on places of care:

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 residing in when sexual abuse took place:

PART 4 - DETAILS OF SEXUAL ABUSE WHILST IN STATE CARE

For your application to be assessed for an *ex gratia* payment, you must establish that you were sexually abused while you were in State Care. The Application Guidelines will help you understand what is meant by the term “sexual abuse”.

If you gave evidence to the Children in State Care Commission of Inquiry (the “Mullighan Inquiry”), you may wish to support your application by providing as evidence, a copy of the transcript of evidence and copies of any other relevant documents that you may have supplied to the Inquiry. However, you must still provide the details of the sexual abuse in this application for this application to be assessed appropriately.

A table has been provided for you to list details of the sexual abuse you suffered, particularly if the sexual abuse happened in multiple places and/or at different times whilst in care. Further space is provided on the following page if you need to list more instances of sexual abuse. You should, where clearly possible, link when and where each instance of sexual abuse happened, and who sexually abused you, by setting out the details of the sexual abuse you suffered as follows:

- **When the sexual abuse took place? (if exact dates are unknown, then please provide the year range/period that the sexual abuse took place);**
- **Where the sexual abuse took place? (this may be different from the place of care listed in Part 3); and**
- **Who sexually abused you:**

When the Sexual Abuse Occurred (Date, Year Range/ Period):	Who Sexually Abused You:	Place of Sexual Abuse (may be different from place of care listed in Part 3):





When the Sexual Abuse Occurred (Date, Year Range/ Period):	Who Sexually Abused You:	Place of Sexual Abuse (may be different from place of care listed in Part 3):

In relation to who sexually abused you, please provide as much detail or description as you can recall about that person/s (please list and describe individually if more than one person/s):

What was the relationship of the abuser to you? (carer, stranger, family member, faculty staff, etc):

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

Yes No

If yes, please provide details _____





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

Yes No

If yes, please provide details _____

To assist with the assessment of your application, please provide any further details as to the nature of the sexual abuse and the frequency of the sexual abuse:

Please provide any other details or evidence which you believe supports your application and might aid with the assessment:

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? (Please also attach any medical reports that you have. Payment will not be made for a new report unless payment is authorised before you obtain the report):

Do you have health problems that are life threatening and require your application to be prioritised? Please provide further information:

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 other treating practitioners or therapists who have treated you and what are their contact details? E.g. psychiatrists, psychologists, counsellors:

PART 6 - THE HISTORY OF YOUR SEXUAL ABUSE

Did you give evidence to the Children in State Care Inquiry before Commissioner Mullighan?

- Yes No
- Do not wish to answer

Apart from the Children in State Care Inquiry, was the sexual abuse ever reported to any Government Department, 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, etc):

Yes No

If yes, please provide details of amounts owed and to which Government agency the amount is owed:

Are you an undischarged bankrupt?

Yes No

If yes, please provide 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, psychological and counselling records that may be relevant to your application, or to seek a report about your application, from any doctor, psychologist or counsellor mentioned in Part 5 of this 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 confirming that you came within the Children in State Care Inquiry Terms of Reference?

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 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 Discharge and Release is attached for you to read and for your information only. **You do not have to sign it now.** If you are made an offer of payment, we will send you a Deed of Discharge and 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 certified copy of photographic identification **and one other certified copy document** from a Government agency containing your name and address are required. A 'Certified Copy' is a copy of a document, which has been certified as being a true copy of the original document by a Justice of the Peace or another person authorised to witness a statutory declaration. 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 current Concession Card (e.g. Centrelink, Department of Veterans' Affairs)
- Any other official document verifying your identity containing your current address, for example; copies of credit cards (both sides), bank statements or utility accounts (gas, electricity, water, etc).

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 until you are in the presence of a Justice of the Peace or other person authorised 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.
- Copy of your Transcript of evidence, if you received it, from the Children in State Care Inquiry.
- Any other documents that you have, that are relevant to your application confirming or supporting that you were in State Care or that you were sexually abused (e.g. Statutory Declaration from your family members).

