Redress for Historical Institutional Abuse

Application form

Redress

The Redress for Historical Institutional Abuse (Redress) is for people who experienced physical, emotional, or psychological abuse and neglect as children in institutional settings in Victoria before 1990.

The types of abuse and neglect covered in Redress are explained below.

You may find this content distressing. If you would like to talk to a professional with experience in trauma, please contact one of the free and confidential support services below.

24-hour support services

In an emergency call 000

- BeyondBlue 1300 224 636
- Lifeline 13 11 14
- 1800RESPECT 1800 737 732
- 13YARN 13 92 76
- Full Stop Australia 1800 385 578 or 1800 211 028
- Mensline 1300 789 978
- Suicide Call Back Service 1300 659 467

Help to apply

These Redress services can help you apply:

- Child Migrants Trust 1800 04 05 09
- Care Leavers Australasia Network (CLAN) 1800 008 774
- Connecting Home 8679 0777
- Drummond Street 9663 6733
- In Good Faith Foundation 1300 124 433
- Open Place (Relationships Australia Victoria) 1800 779 379
- Victorian Aboriginal Community Controlled Agency (VACCA) 9287 8800

Types of abuse and neglect covered

Physical abuse is when someone injures you on purpose. This could be hitting, punching, kicking, burning, shaking, or holding you down so you cannot move.



Psychological or emotional abuse is when someone hurts you with their words or actions so much that it has a lasting impact. This could be ignoring you, threatening you, putting you down, making you feel bad about yourself, or isolation from family.

Neglect is when someone who should be taking care of you does not give you the things you need to be healthy and happy, and this has a lasting impact on you. This could be food, clothes, love, or medical care or access to education.

Part 1: Personal information

We need this information to confirm who you are and to find your records. If someone is helping you, they should add their details in the 'support person' section of this form.

We will look for your records to verify your time in institutions and any payments you have received. If we can't find them, we will contact institutions to help us check for any previous payments, including those from:

- National Redress Scheme (NRS)
- Towards Healing
- Melbourne Response
- · Pathways Victoria
- · Kooyoora Independent Redress Scheme
- · Salvation Army.

About you

1. What is your legal name? (official name used on legal documents)

Mr/Mrs/Miss/Ms
First name
Middle name
Surname

2. What is your preferred name? (what you like to be called)	
☐ The legal name above	
☐ Use a different name (please specify below)	
3. Have you been known by another name/s?	
☐ Yes	
□ No	
☐ Unsure	
Please provide other names below (if known)	
4. Have you legally changed your name?	
□ No	
☐ Yes (please attach proof of the name change)	
5. What is your date of birth (DOB)?	
5. What is your date of birth (DOB)? If unsure of your DOB, use 01/01/YEAR or use 'X' for unknowns. For example, XX/10/1951.	
If unsure of your DOB, use 01/01/YEAR or use 'X' for unknowns. For example, XX/10/1951.	
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Suburb	Postcode (4 numbers)	State
8. What is your postal address	? (where your mail is sent)	
☐ Same as residential address above (plea	se leave address details below blank)	
☐ Different to above (please complete addr	ess details below)	
Country		
Street number/PO box		
Street name		
Suburb	Postcode (4 numbers)	State
The questions below help us support you share this information with other instituti		ns 9–11). We will not
9. What is your gender?		
☐ Male		
☐ Female		
\square X (indeterminate / intersex / unspecified /	non binary)	
If your gender is not written above, please p	rovide it below:	
10. Do you identify as Aborig	inal or Torres Strait Islande	r?
☐ Aboriginal		
☐ Torres Strait Islander		
☐ Both		
□ No		
☐ Prefer not to say		

Contacting you

We need this information to know how you want to be contacted.

11.	Who would you like us to contact about your application?
Select	any which apply.
☐ Yo	u (please complete questions 12–17)
□ No	minee (please complete questions 18–25)
□ Su	pport person (please complete questions 26–33).
12.	Your preferred method of contact
□ Em	nail
□ Ph	one
□ SM	NS .
☐ Po	st
13.	Your email
14.	Your phone number
15.	Can we send you text messages?
☐ Ye	s
☐ No	
16.	Can we leave you voice messages?
☐ Ye	S
☐ No	
17. A	If you need help communicating, please tell us below (interpreter, USLAN)
i	

Nominee

This section is for nominees. if you have asked someone to be your nominee, they need to complete this section. If not, leave this section blank.

A nominee is someone who can legally act on your behalf. For example:

- has the legal right to make decisions for you through a power of attorney.
- is your guardian or helps manage your money because of a court order.

Important: This person needs to give us 2 certified copies of identification documents, like a driver's licence, and proof that they can act for you.

18. Is a nominee acting on your behalf?
☐ No (leave questions 19-25 blank)
☐ Yes (complete questions 19-25)
19. Under which authority is this nominee acting on your behalf? (please attach a copy of the document)
☐ Power of attorney
☐ Guardianship order
☐ Financial management order
☐ Other (please tell us below)
20. Nominee name (full legal name)
21. Nominee relationship (how you know the nominee)
22. Nominee preferred method of contact
□ Email
☐ Phone
□ SMS
□ Post

23.	Nominee email				
24.	Nominee phone number				
25.	Nominee postal address				
Stree	et number/PO box				
Stree	et name				
Subu	ırb		Postcode (4 numbers)		State
Sup	pport person or organis	ation			
_	neone is helping you with your applicat		se tell us.		
This	could be a friend, family member, or or	ganisatio	n.		
-	ortant: A support person cannot apply feess for you.	or you, a	nd they cannot accept or decl	ine an	offer of
Pleas	se note: If you want a support person y	ou still r	need to give us your phone n	umbei	r in question 14.
26.	Do you have a support pe	erson/e	organisation helping	you	?
□ No	o (leave questions 27 - 33 blank)				
□ Ye	es (answer questions 27 - 33)				
27.	When should we contact	this su	upport person or org	anis	ation?
\square W	/hen you tell us				
□w	/hen we can't reach you				
☐ At	t all times				
☐ At	t other times – please specify below:				

28.	Support person/organisation na	ame	
29.	Support person/organisation re	elationship	
30.	Support person/organisation p	referred method of cont	act
□ Er	Email		
☐ Ph	Phone		
	SMS		
☐ Po	Post		
31.	Support person/organisation e	mail	
32.	Support person phone number		
33.	Support person postal address	;	
Stree	et number/PO box		
Stree	et name		
Subu	urb	Postcode (4 numbers)	State

Confirming your identity

This information will help us confirm who you are. The information is kept securely and only used for this. You need to provide certified copies of 2 proof of identity documents. If you cannot provide certified copies, please contact a support service for further advice.

34. How will you confirm your identity? (choose 2)
☐ Driver's licence, learner's permit, firearm licence or marine licence
☐ Medicare card
☐ Passport or citizenship certificate
☐ Keypass
☐ Commonwealth Government concession card (including health care card)
☐ Department of Veterans Affairs card
☐ Birth certificate
☐ Working with Children Check card
☐ Pensioner concession card
\square Bank card (copies of both sides) issued by an Australian institution
☐ Utility statement (gas, water, electricity, internet, mobile or home phone)
☐ Australian Taxation Office assessment
☐ Student or tertiary institution identification card
☐ Executed lease agreement
Your banking details
We need your bank details to pay you if you are eligible and haven't previously received \$20,000 or more for abuse/neglect. We'll confirm these details if a payment is offered. Payments are made electronically.
If you don't have an Australian bank account, please email Victorianredress@dffh.vic.gov.au.
35. BSB (6-digit numerical code used in Australia to identify a bank branch)
36. Bank account number
37. Name of bank

38.	Name of bank account (this is usually the account holders name)
Ben	neficiaries
	an choose someone to receive the redress payment should you die before your application is approved efore you receive payment.
Please	e give them the collection notice and check they agree to you giving us their information.
-	want to choose more than one person, attach a list with their names and the percentage of the payment hould get. Please make sure you sign the list.
39.	Who would you like your redress payment to go to if you die?
□ on	e beneficiary
□ mc	ore than one beneficiary
□ my	v estate
□ no	payment
If you	wish to nominate one beneficiary , please fill in their details below (40–46). If not, leave it blank.
40.	Beneficiary name
41.	Beneficiary relationship
42.	Beneficiary date of birth (please use format DD/MM/YYYY)
43.	Beneficiary preferred method of contact
□ Er	mail
☐ Ph	none
☐ Po	ost
44.	Beneficiary phone number

45 .	Beneficiary email		
46.	Beneficiary postal address		
Stree	t number/PO box		
Stree	t name		
Subu	rb	Postcode (4 numbers)	State
_			
Pay	ments to estates		
If you blank	want your payment to go to your estate, fill in .	the details between 47 and 52. If no	t, you can leave it
47.	Executor of will		
48.	Company name		
49.	Executor preferred method of	contact	
□ E	mail		
☐ PI	hone		
□ P	ost		
50 .	Executor email		
51.	Executor phone		

52. Executor postal address

Street number/PO box			
Street name			
Suburb	Postcode (4 numbers)	State	

Part 2: Experience of abuse and neglect

To determine if you're eligible, we'll need some information about the abuse and/or neglect you experienced in Victorian institutional setting(s) below.

We understand that it can be difficult to revisit past experiences of abuse or neglect. If you need any help with this section, please reach out to one of the support organisations listed. They are available to help you through this process.

If you need immediate help to manage the emotional impact of applying for redress, 24-hour phone help is available through:

• BeyondBlue: 1300 224 636

Lifeline: 13 11 14

• **1800RESPECT**: 1800 737 732

13YARN: 13 92 76

• Full Stop Australia: 1800 385 578 or 1800 211 028

Mensline: 1300 789 978

Suicide Call Back Service: 1300 659 467.

Sexual abuse is not included in this scheme and does not need to be disclosed. For help with this contact the National Redress Scheme on 1800 737 377 or on their website: https://www.nationalredress.gov.au.

53. Please outline the abuse/neglect you experienced

lease note : We only need 300 words or less. To share more of your experience, you can add an attachment of your application. You only need to provide enough information to show that you have experienced one type of abuse or neglect, not every instance.

Details of the institutional setting(s) you were placed in

To help us understand your experiences, please tell us about the places you lived in before 1990.

Don't worry if you can't remember all the details or exact dates. Any information you can provide is helpful. We may be able to find more information later.

We have included space for up to 3 institutions, if you would like to include more, please add an attachment to your application with further information.

Important note: If you were placed in a justice facility as a child because you were found guilty of an offence, and you were **not** a state ward or under any other protective order, Redress may not be able to help you. If you're unsure, please ask us.

54. Institutional setting 1

Name
Institution type
☐ Orphanage
☐ Children's home
☐ Mission
□ Dormitory
☐ Group cottage house
☐ Health and mental health facilities providing ongoing care
☐ Justice facility
☐ Disability facility
☐ Educational institution attached to institutional care settings
☐ Foster Care Kinship care
☐ Don't know
Dates at institution
55. Institutional setting 2 Name

Institution type
☐ Orphanage
☐ Children's home
☐ Mission
□ Dormitory
☐ Group cottage house
☐ Health and mental health facilities providing ongoing care
☐ Justice facility
☐ Disability facility
☐ Educational institution attached to institutional care settings
☐ Foster Care Kinship care
☐ Don't know
Dates at institution
56. Institutional setting 3 Name
Name
Name Institution type
Name Institution type Orphanage
Name Institution type Orphanage Children's home
Name Institution type Orphanage Children's home Mission
Name Institution type Orphanage Children's home Mission Dormitory
Name Institution type Orphanage Children's home Mission Dormitory Group cottage house
Name Institution type Orphanage Children's home Mission Dormitory Group cottage house Health and mental health facilities providing ongoing care
Institution type Orphanage Children's home Mission Dormitory Group cottage house Health and mental health facilities providing ongoing care Justice facility
Institution type Orphanage Children's home Mission Dormitory Group cottage house Health and mental health facilities providing ongoing care Justice facility Disability facility

Dates at institution						
57. d	If you can't re o remember ab				any details you	

Prior payments

This section asks you about any payments you may have received in relation to abuse and/or neglect in Victorian institutional settings (questions 58–68). The department will share your information with other redress schemes to check for relevant payments.

Relevant payments are:

58.

- Advance Redress Payments.
- payments in settlement of civil claims for sexual and non–sexual abuse and/or neglect in care from all institutions.
- National Redress Scheme (NRS) payments for abuse in Victorian institutional settings.
- institutional redress scheme payments (Towards Healing, the Melbourne Response, Pathways Victoria, Kooyoora Independent Redress Scheme and the Salvation Army).

We need this information so we can calculate the final redress payment.

This means you may receive the full amount, part of it or no payment at all. This will depend on your eligibility and any prior payments you have already received.

Have you received any payments in relation to any abuse/neglect in

Victorian institutional settings?	
□ Yes	
□ No	
☐ Don't know	
Payment 1	
59. Payment source	
☐ Advanced Redress Payment	
☐ Civil claim	
☐ National Redress Scheme Payment	
☐ Institutional Redress Scheme	
60. Payment amount	_
61. Date of payment	

Payment 2 **62**. **Payment source** ☐ Advanced Redress Payment ☐ Civil claim ☐ National Redress Payment ☐ Institutional Redress Scheme 63. **Payment amount Date of payment** 64. Payment 3 **65**. **Payment source** ☐ Advanced Redress Payment ☐ Civil claim ☐ National Redress Payment ☐ Institutional Redress Scheme **Payment amount** 66. **Date of payment** 67.

Any other details about the prior payment/s **68**.

Part 3: Declarations and consent

I agree that:

- the department can search its records for information about my time in institutions.
- the department can search its records to check if I've received prior payments.
- the department can share my information with other organisations to confirm my time in institutions and check if I have received prior payments.
- those organisations can share information about me with the department.
- the department can collect and use my personal information, including sensitive information, for the reasons explained above.

I declare that:

- I have read and understood everything written above.
- the information I have provided is true and correct.

Important: You can request to see records the department holds about you. You can find out how to do this on the website: https://dffh.vic.gov.au/making-freedom-information-request.

Or you can use the online form: https://online.foi.vic.gov.au/foi/request.doj. To request to see National Redress Scheme records the Department of Social Services holds about you, see this website:

https://www.nationalredress.gov.au/.

Our collection notice can be found on the department's website:
https://services.dffh.vic.gov.au/Redress.

Applicant signature		
Date signed		
Nominee signature (if	applicable)	
Nominee signature		
Data almost		
Date signed		