# **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.

This form is an alternative to the online application form. For information on how to apply and where to send this application form, visit <u>Apply for Redress for Historical Institutional Abuse webpage</u>, https://services.dffh.vic.gov.au/apply-redress-historical-institutional-abuse.

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

You may find content in this application form 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 Triple Zero (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:

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



# Types of abuse and neglect covered

This section explains what abuse and neglect is covered in Redress.

**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. The information in this application form must be true and correct.

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

# **About you**

☐ The legal name above

☐ Use a different name (please specify below)

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

2. What is your preferred name? (what you like to be called)

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 na	me?	
□ No		
$\square$ Yes (please attach proof of the name change)		
5. What is your date of birth (DOB)?		
If unsure of your DOB, use 01/01/YEAR or use 'X' fo	r unknowns. For example, XX/10/19	51.
6. Do you have a fixed address? (per	rmanent place where you	live)
☐ Yes (Go to question 7)		
☐ No (Go to question 8 – add in your postal address	s or question 13 - add an email)	
7. What is your residential address?	(where currently you live	)
Street number/PO box		
Street name		
Suburb	Postcode (4 numbers)	State
Country		
8. What is your postal address? (who	ere your mail is sent)	

 $\square$  Same as residential address above (please leave address details below blank)

Redress for Historical Institutional Abuse - Application	Form	
☐ Different to above (please complete address det	ails below)	
Street number/PO box		
Street name		
Suburb	Postcode (4 numbers)	State
Country		
The questions below help us support you and a share this information with other institutions.	ddress you correctly (questions 9	9–11). We will not
9. What is your gender?		
☐ Male		
☐ Female		
☐ X (indeterminate / intersex / unspecified / non binary)		
If your gender is not written above, please provide i	t below:	
10. Do you identify as Aboriginal of	or Torres Strait Islander?	
☐ Aboriginal		
☐ Torres Strait Islander		
☐ Both		
□ No		
☐ Prefer not to say		
Contacting you		
We need this information to know how you wan	t to be contacted.	
11. Who would you like us to cont	act about your applicatio	n?

Select any which apply.

☐ You (please complete questions 12–17)

# 16. Can we leave you voice messages?

☐ Yes

☐ No

#### If you need help communicating, please tell us below (interpreter, AUSLAN)

N	O	ni	ne	<b>9</b> 6

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)
☐ Ye	es (complete questions 19-25)
19.	Under which authority is this nominee acting on your behalf? (please attach a copy of the document)
□ Po	ower of attorney
☐ Gu	uardianship order
☐ Fir	nancial management order
□ Ot	her (please tell us below)
20.	Nominee name (full legal name)
21.	Nominee relationship (how you know the nominee)
22.	Nominee preferred method of contact
□ Er	mail
☐ PI	none
☐ SI	MS
□Р	ost
23.	Nominee email
24.	Nominee phone number

<b>25</b> .	Nominee postal address			
Street	t number/PO box			
Street	t name			
Subur	-b	Postcode (4 numbers)	State	
Sup	port person or organisation	n		
If som	neone is helping you with your application, pl	ease tell us.		
This c	could be a friend, family member, or organisa	tion.		
Impoi you.	rtant: A support person cannot apply for you	, and they cannot accept or decline a	n offer of Redress for	
Pleas	e note: If you want a support person you sti	Il need to give us your phone number	er in question 14.	
26.	Do you have a support persor	n/organisation helping you	ı?	
□ No	(leave questions 27 - 33 blank)			
□ Ye	□ Yes (answer questions 27 - 33)			
27.	When should we contact this	support person or organis	sation?	
□ WI	hen you tell us			
□ WI	hen we can't reach you			
☐ At	all times			
☐ At	other times – please specify below:			
28.	Support person/organisation	name		
29.	Support person/organisation	relationship		

<b>30</b> .	Support person/organisation p	referred method of contac	ct
□ Em	nail		
□ Ph	one		
□SM	1S		
□Ро	st		
31.	Support person/organisation e	mail	
32.	Support person phone number		1
33.	Support person postal address	;	
Street	number/PO box		
Street	name		
Subur	b	Postcode (4 numbers)	State
Con	firming your identity		
This in	nformation will help us confirm who you are. Th	ne information is kept securely and o	nly used for Redress.
You no	eed to provide certified copies of 2 identity doc	cuments.	
	ese documents need to show your legal name e document must show your date of birth.	as written on application form.	
If you	cannot get the documents certified, you need	to take a photo of yourself holding th	e identity documents.
34.	How will you confirm your iden	tity? (choose 2)	
□ Ва	nk statement issued by an Australian institutio	n	
☐ Dri	ver's licence, learner's permit, firearm licence	or marine licence (copies of both sid	es)
□ Ме	dicare card		
	ssport or citizenship certificate		
⊔ Ke	ypass		

<b>39.</b> □ En	Beneficiary preferred method of contact
38.	Beneficiary date of birth (please use format DD/MM/YYYY)
37.	Beneficiary relationship
36.	Beneficiary name
If you	wish to nominate <b>one beneficiary</b> , please fill in their details below (36–42). If not, leave it blank.
□ no	payment
□ my	v estate
□ mo	ore than one beneficiary
	e beneficiary
-	hould get. Please make sure you sign the list.  Who would you like your Redress payment to go to if you die?
	want to choose more than one person, attach a list with their names and the percentage of the payment
and be	efore you receive payment.  e give them the collection notice and check they agree to you giving us their information.
	<b>reficiaries</b> an choose someone to receive the Redress payment should you die before your application is approved
	adda idada agradinana.
_	udent or tertiary institution identification card ecuted lease agreement.
	stralian Taxation Office assessment
	lity statement (gas, water, electricity, internet, mobile or home phone)
□ Ва	nk card (copies of both sides) issued by an Australian institution
_	nsioner concession card
	th certificate orking with Children Check card
	partment of Veterans Affairs card
□ Co	mmonwealth Government concession card (including health care card)

	none		
□ Pc	Beneficiary phone number		
70.	Beneficiary phone number		
41.	Beneficiary email		
42.	Beneficiary postal address		
Street	number/PO box		
Street	name		
Subur	b	Postcode (4 numbers)	State
Pay	ments to estates		
If you blank.	want your payment to go to your estate, fill in	the details between 43 and 48. If not	, you can leave it
43.	Executor of will		
44.	Company name		
45.	Executor preferred method of	contact	
☐ En	nail		
☐ Ph	none		
□ Po	ost		

46.	Executor email			
47.	Executor phone			
40	Evecutor poetal address			
48. Stree	t number/PO box			
Stree	t name			
Subu	rb	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 the <u>National Redress Scheme</u> website <a href="https://www.nationalredress.gov.au">https://www.nationalredress.gov.au</a>.

# 49. Please outline the abuse/neglect you experienced

<b>se note</b> : We only need 300 words or less. To share more of your experience, you can add an afour application. You only need to provide enough information to show that you have experienced buse or neglect, not every instance.	ttachment l one type

# 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.

#### 50. Institutional setting 1

Name
Institution type
☐ Orphanage
☐ Children's home
☐ Mission
□ Dormitory
☐ Group cottage house
$\square$ 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
51. 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
52. 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 Orphanage 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			
53.	If you can't recall the information above, please share any details you do remember about the institution(s) below:		

## **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 54–64). When you apply, you must declare any payments you have received from other schemes. The information must be true and correct. We will check prior payments in different ways.

We may share your name, date of birth, and the name of any institution you lived in, with:

- the institution, to confirm your time living there, and any prior payments they gave you
- · our lawyers and insurer to confirm any prior payments they gave you
- other Australian government departments and other organisations that offer redress, to confirm any prior redress payments they gave you.

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.

Relevant payments are:

- · 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).

54.	Have you received any payments in relation to any abuse/neglect in Victorian institutional settings?
☐ Yes	S

□ IC.	3		
□ No			
☐ Do	n't know		
Payr	nent 1		
<b>55</b> .	Payment source		
☐ Adv	vance redress payment		
☐ Civ	il claim		
□ Na	tional Redress Scheme payment		
□ Ins	titutional Redress Scheme		
<b>56</b> .	Payment amount		

<b>57</b> .	Date of payment	
Payı	ment 2	
<b>5</b> 8.	Payment source	
☐ Ad	dvanced redress payment	
☐ Civ	vil claim	
□ Na	ational Redress payment	
□ Ins	stitutional Redress Scheme	
59.	Payment amount	
60.	Date of payment	
Payı	ment 3	
61.	Payment source	
☐ Ad	dvanced redress payment	
☐ Civ	vil claim	
□ Na	ational Redress payment	
□ Ins	stitutional Redress Scheme	
62.	Payment amount	
63.	Date of payment	

64. Any other details about the prior payment/s
Part 3: Declarations and consent
I agree that:
<ul> <li>the department can search its records for information about my time in institutions.</li> <li>the department can search its records to check if I've received prior payments.</li> <li>the department can share my information with other organisations to confirm my time in institutions and check if I have received prior payments.</li> <li>the department can share my information with other Australian government departments and other organisations that offer redress to confirm any prior redress payments that I received.</li> <li>those organisations can share information about me with the department.</li> <li>the department can collect and use my personal information, including sensitive information, for the reasons explained above and as in the collection notice.</li> <li>I declare that:</li> <li>I have read and understood everything written above.</li> <li>the information I have provided is true and correct.</li> </ul>
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: <a href="https://online.foi.vic.gov.au/foi/request.doj">https://online.foi.vic.gov.au/foi/request.doj</a> . To request to see National Redress Scheme records the Department of Social Services holds about you, see this website: <a href="https://www.nationalredress.gov.au/">https://www.nationalredress.gov.au/</a> .
To find out how we will share and use your information, please read the collection notice in the document, Information for Applicants, https://services.dffh.vic.gov.au/victorian-redress-historical-institutional-abuse-information-applicants-word.
Applicant signature
Date signed

# Nominee signature (if applicable)

Nominee signature		
Date signed		

# Part 4: Checklist

Please make sure you have completed all relevant sections in the application form.

Check the boxes below to make sure you have included these documents and information.

- ☐ Certified copies of 2 forms of current identity documents:
  - These documents need to show your legal name as you have written in the application form.
  - One document must show your date of birth.
- □ Certified copies of 2 forms of current identity documents for a nominee, and evidence of their authority to act on your behalf (if applicable)
- ☐ A copy of proof of any name changes you have (if applicable)
- □ Supporting documents (such as a 'time in care' certificate) (if applicable)
- □ Details of prior payments including the source of the payment and payment amount (if applicable see questions 54–64)
- □ List of beneficiaries including the percentage of the Redress payment you would like each beneficiary to receive (if applicable see questions 36–42).

To receive this form in another format, email Redress team at victorianredress@dffh.vic.gov.au.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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Available at DFFH Services - Apply for Redress for Historical Institutional Abuse

https://services.dffh.vic.gov.au/apply-redress-historical-institutional-abuse