

**IMPORTANT MESSAGE TO
FORMER WARDS OF THE STATE**

**Were you abused
while in State Care?
Now is the time
to come forward.**

APPLICATION FORM

It is important that you answer the following questions to the best of your knowledge. We appreciate that you may not be able to provide answers or information for all of the questions; however, information you provide at this stage will assist in assessing your application. Prior to discussing your claim we will seek access to records held about you by the Department of Health and Human Services or other agencies if required.

If you require assistance completing this form, please call the Abuse of Children in State Care Information Line on 1300 654 583.

I. Your details

Surname: _____ First names: _____

Other names previously known by (particularly whilst in State Care):

Date of birth: _____ / _____ / _____

Current address: _____

_____ State: _____ Postcode: _____

Are you happy for us to send letters to you to at this address? Yes No

Mailing address: _____

_____ State: _____ Postcode: _____

Phone numbers: Please tick the phone number you would prefer us to contact you on.

Home _____

Work _____

Mobile _____

Email: _____

Please note that it is important that we have up-to-date contact details for you. This will assist in progressing your claim. Should your details change during the assessment process, please let us know as soon as possible.

2. Your application

Please give reasons why you did not previously make an application under the Tasmanian State Government's Review of Abuse in State Care scheme conducted in July 2003–March 2004 and December 2004–June 2005?

3. Details of your period in State Care

Were you a child of the State or a ward of the State or committed to the care of a Tasmanian State Agency?

Yes No Unsure

Please give dates of your period in care: _____

How or why were you placed in care (if known)? _____

Where were you placed in care? (homes, placements etc) _____

4. Your claim

The following questions ask you to provide details of the abuse that occurred to you while in State Care. We appreciate that this might be distressing and you may not feel you are able to provide us with all details at this time, but please provide as much information as you are able to. If you wish to enclose additional information, please feel free to do so. You will have an opportunity to talk about these matters at interview.

What was the nature of the abuse you suffered? _____

When did the incident(s) occur? _____

At what placement(s) did the abuse occur? _____

5. Confirmation of identity

We require you to submit certified copies of 3 forms of identify with this application. This can include a copy of your birth certificate, driver's licence, passport, Centrelink card and/or a current bank statement.

To have these certified you will need to make a copy and have the copy counter-signed by a Justice of the Peace, Police Office or Commissioner for Declarations. Please do not send originals.

Three forms of the following identification are included:

- Certified copy of birth certificate
- Certified copy of driver's licence
- Certified copy of passport identification page
- Certified copy of Centrelink card
- Certified copy of current bank statement

6. Declaration

I declare to the best of my information, knowledge and belief that the information provided in this application form is true and correct

Signed: _____ Date: _____

Witness

Name of witness: _____

Address: _____

_____ State: _____ Postcode: _____

Signed: _____ Date: _____

7. Completed applications

Completed applications should be sent to:

**The Assessor
Child Abuse Assessment Team
GPO Box 1323
Hobart TAS 7001**

All applications must be received on or before 30 June 2008.

For further information or assistance with your application, contact the Abuse of Children in State Care Information Line on 1300 654 583