

APPLICATION
TO BE
ASSESSED
FOR
TRUST FUND

Please answer the questions below to the best of your knowledge

I. Your details

Preferred Title: Mr / Dr / Mrs / Miss / Ms (Please circle choice)

Surname: _____ First names: _____

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

Date of birth: _____ / _____ / _____

Current address: _____

_____ State: _____ Postcode _____

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 under any of the previous three rounds.

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) _____

Have you a copy of your file: Yes No

Would you like a copy: Yes No

Would you like assistance to go through your file: Yes No

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 three forms of identity 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 Officer 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

OR

Certified copies of Documents from attached list. Documents must total 100 points minimum

OR

Applicants currently in prison may provide a certified copy of current Episode Summary

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:

After Care Support Service
GPO Box 538
HOBART TAS 7001

For further information or assistance with your application, contact the After Care Support Service on 6233 2273 or 1300 654 583