

Abuse in State Care Support Service Application Form

Please answer the questions below to the best of your knowledge

1. Your details

Preferred title: Mr/Dr/Mrs/Miss/Ms (please circle choice)

Surname: _____ First names: _____

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

Date of birth: _____

Current address: _____

Mailing address: _____

Phone numbers: (Please tick the number you would like 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 us in helping you. Please let us know as soon as possible if your details change.

2. Details of your period in State care

Were you a Ward of the State or committed to the care of a Tasmanian State agency?

Yes

No

Unsure (please tick)

Please give approximate dates of your period in care (if known): _____

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

Where were you placed in care? _____

3. Your claim

The following questions ask you to provide details of the abuse that you experienced while in State care. We appreciate that this might be distressing and you may not feel you are able to provide us with all the 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 with a counsellor.

What was the nature of the abuse you suffered? _____

When did the incident(s) occur? _____

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

4. Your information

Have you ever received a copy of your file? Yes No (please tick)
If not, would you like a copy? Yes No

5. Confirmation of identity

In order to confirm your identity would you please provide a copy of one form of identity with this application. For instance, a copy of your birth certificate, driver's licence, passport, Centrelink care, current bank statement. Please do not send the original.

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: _____

7. Witness

Signed: _____ Date: _____

Name of witness: _____

Address: _____

8. Completed application

Your completed application should be sent to:

**After Care Support Service
GPO Box 538
HOBART, TASMANIA 7001**

**For further information or if you need assistance with this application, contact us on
6166 0422 or 1300 654 583**

After Care Support Program

Department of Health and Human Services

Wingfield Building, St Johns Park, Newtown

Phone: (03) 6166 0422 or 1300 654 583

Email: Adoption.Service@dhhs.tas.gov.au

Postal Address: GPO Box 538, HOBART, TAS 7001