

Country High School Hostels Ex Gratia Scheme

Please read the **Guide to Completing the Country High School Hostels Ex Gratia Scheme Application Form** for advice about completing the Application Form.

If you are applying on behalf of another person please read and complete **Section 6** or **Section 7**.

Applications

You can telephone **1800 246 768** (freecall) 9am to 4.30pm Monday to Friday if you have any questions about the Application Form.

Alternatively, email your query to **chsh@communities.wa.gov.au**

More information about the Country High School Hostels Ex Gratia Scheme (the Scheme) is available at **www.communities.wa.gov.au**

Address

Please post the completed Application Form and any supporting documents to:

Department for Communities
Reply Paid 80941
Perth WA 6000

Closing date

Applications open for six months from 30 November 2012 and will close at **5pm (WST) Friday 31 May 2013**.

Notes

To ensure your Application is considered, please make sure it is submitted before the closing date which is Friday 31 May 2013.

Only one Application can be submitted per person.

If you have any records that you feel will support your Application, please attach copies of these to your Application Form.

Please keep a copy of your completed Application Form and any original supporting documents for your personal records.

If the application process has been distressing and you need to talk to someone, please phone the counselling hotline at Crisis Care on **1800 227 792**.



Section 1 – Your details

1 Your details

Title	<input type="checkbox"/> Male <input type="checkbox"/> Female
First name(s)	
Family name	
Maiden name	(if applicable)
Other name(s) known by	
Date of birth	Place of birth

2 Current residential address

Number and Street		
Suburb		
State	Postcode	
Country		
Daytime Tel	Evening Tel	
Mobile	Fax	
Email		
Postal address (if different from above)	Number and Street	
	Suburb	
	State	
	Postcode	
	Country	

3 Preferred method of contact

<input type="checkbox"/> Post	<input type="checkbox"/> Email	<input type="checkbox"/> Telephone	<input type="checkbox"/> Mobile
<input type="checkbox"/> Contact person with authority to act on my behalf			

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4 Special
Consideration
(ill health)

Are you suffering from a terminal or life threatening illness?

☐ Yes ☐ No

If yes, please attach a copy of a **current** medical certificate confirming your prognosis.

5 Current and past
payments

Have you received any payment from the State Government, or are you presently applying for compensation from the State Government in respect of the abuse which is the subject of this Application?

☐ Yes ☐ No ☐ Unsure

6 Referrals to the
Western Australia
Police

Where clear information relating to a criminal act becomes evident, the Scheme will refer the Application to the Western Australia Police, unless you have indicated you do not want this to occur by ticking the box below.

☐ Please tick this box if you **do not** want information in this Application referred to the Western Australia Police.

Information related to person(s) that the Scheme reasonably believes are currently working with children will be referred to the Western Australia Police and the Department for Child Protection, irrespective of whether permission has been obtained from you or your legal representative subject to section 129 of the *Children and Community Services Act 2004 (WA)*.

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Section 2 – The Country Hostel(s)

7 The Country Hostel/s you boarded in

Name of Hostel

Town

From (date)

To (date)

Your age at the time

School you attended

Name of Hostel

Town

From (date)

To (date)

Your age at the time

School you attended

Name of Hostel

Town

From (date)

To (date)

Your age at the time

School you attended

If available, please attach copies of any documents that could verify your attendance at a country hostel e.g. proof of enrolment at school, school report, school year book, receipt of boarding fees etc.

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Section 3 – Your Experience

8 Describe in your own words the abuse that you experienced while boarding in a country hostel

Please include as much detail as possible about the nature of the abuse:

- where the abuse took place
- who the perpetrator was
- the approximate dates and/or your age at the time.

Please continue on page 6 if you require more space.

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Please continue on page 14/15, or attach additional pages if required.

Page 6

10 Details of the person(s) believed to have harmed you (if known)

Please Note: This information may be referred to the Western Australia (or other) Police. If you do not want information referred to police it is important to tick the box at Question 6 in Section 1. The Scheme will not disclose information to any other person without your express permission, unless there is reason to believe the alleged perpetrator is currently working with children.

Name of person(s) believed to have harmed you

What was their position at the hostel?

Was there a police conviction resulting from the offence(s)?

If Yes, include details here (if known)

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Section 4 – Proof of Identity

A certified copy of one of the following documents must be attached to this Application as proof of your identity

Applications will not be accepted without proof of identity attached

Which document is attached with the Application?

- ☐ Current driver's license
- ☐ Birth certificate or extract
- ☐ Current concession card (eg Centrelink)
- ☐ Current passport identification page
- ☐ Seniors Card
- ☐ Proof of Age card.

If your **name has changed**, please attach one of the following certified documents with the Application

Which document is attached with the Application?

- ☐ Marriage certificate
- ☐ Adoption Order
- ☐ Registration of name change/deed poll
- ☐ Any other official document verifying your name change.

Applicants who are unable to provide any of the documentation listed above should complete Section 5.

You cannot certify your own documents. Please refer to the **Guide to Completing the Country High School Hostels Ex Gratia Scheme Application Form.**

The certification to be completed on each document should read:

"I certify that this is a true and correct copy of the original."

The certification must:

- include the signature of the person certifying the documents
- include their full name and position
- be dated.

Applicants who are unable to provide any of the documentation listed above should complete the Referee information in Section 5.

If the application process has been distressing and you need to talk to someone, please phone the counselling hotline at Crisis Care on **1800 227 792**.

Section 5 – Proof of Identity (without documents)

This section should be completed if you cannot provide any proof of identity documentation

Please have a referee verify your identity. Your referee **must** have known you for at least 12 months and must **not** be related to you.

Referee

I (referee's full name) (please print)

of (address)

have known (Applicant's name)

for years and declare that this is her/his signature hereunder.

Signature of Applicant

Date

Signature of Referee

Date

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Section 6 – Claiming on your behalf

11 This section should only be completed by the **Legal Personal Representative** acting on your behalf

Details of **Legal Personal Representative**

Relationship to Applicant

Current residential address

Contacts

Postal address (if different from above)

A **Legal Personal Representative** is a person who is a guardian or administrator within the meaning of the *Guardianship and Administration Act 1990* or a person who has been granted an enduring Power of Attorney over your affairs.

Legal status

I am making this application as the Legal Personal Representative of the Applicant under:

☐ a Court order ☐ Power of Attorney ☐ Other (state below)

A copy of your authority to act must be attached to this application form.

Title

First name(s)

Family name

☐ Public Trustee ☐ Lawyer ☐ Advocate ☐ Relative

☐ Other (state below)

Number and Street

Suburb

State

Postcode

Country

Daytime Tel

Evening Tel

Mobile

Fax

Email

Suburb

State

Postcode

Country

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Section 7 – Authorised assistance (if applicable)

12 Details of person authorised to assist with this Application

This section should only be completed if you request that an authorised person may liaise directly with the Scheme on your behalf to help with the Application process. **By signing this section the authorised person named below will be able to discuss your Application and where appropriate obtain information and documents from the Scheme.**

Title

First name(s)

Family name

Relationship to Applicant

☐

Friend

☐

Relative

☐

Advocate

☐

Lawyer

☐

Other (state below)

Organisation

(if applicable)

Postal address

Suburb

State

Postcode

Country

Contacts

Daytime Tel

Evening Tel

Mobile

Fax

Email

13 Authorisation

I hereby authorise and direct the Country High School Hostels Ex Gratia Scheme (Department for Communities) by its employees, servants or agents to give such information and documentation as my representative named above may request, and as may lawfully provide, to assist me with my Application.

Signature of Applicant

Date

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Section 8 – Declaration

Declaration by You or
your Legal Personal
Representative

Please read this
section carefully
before signing

- I declare that the information which I have given in this Application Form is true and correct to the best of my knowledge.
- I understand that the Scheme (Department for Communities) may request any agency to produce any document which may relate to this Application.
- I agree to tell the Scheme in writing if there are any changes in my circumstances or those of the person on whose behalf I am applying (including changes of address and telephone number) as soon as possible.
- I agree to inform the Scheme if I (or the person on whose behalf I am applying) receive damages or compensation from any source for any or all of the incidents of abuse in respect of which this Application is made.
- I agree to give full assistance to the Scheme in the conduct of this Application.
- I hereby authorise the Scheme (Department for Communities) by its employees or agents to make such enquiries to obtain information and documentation as they may require to assess my application from other agencies, including but not limited to, the Department of Education and the Western Australia Police.
- I consent to my Application Form and documents provided by me or by the Scheme (Department for Communities) by its employees being released and provided to the Western Australia Police (or other police service if applicable) for the purpose of police investigation, unless I have marked the box at Section 1 Question 6 of this Application Form to say that I object to the Scheme providing the documentation to the police.

Signature of Applicant

Date

Name

Date of Birth

Or

Legal Personal Representative

Date

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Checklist

Please complete this checklist before lodging your Application with the Country High School Hostels Ex Gratia Scheme

Section 1, Question 4

If you have a life threatening illness, is a current medical certificate confirming this attached?

☐

Section 2, Question 7

Have you completed details of where you boarded in a country hostel?

☐

If available have you attached documents to verify your attendance at a country hostel?

☐

Section 3, Question 8

Have you completed a written account of the abuse you experienced?

☐

Section 4 and Section 5

Is proof of your identity attached and signed by someone other than yourself

or

has an independent referee verified your identity?

☐

Section 6

If applying on behalf of the Applicant as their Legal Personal Representative, have you attached a copy of your authority to act?

☐

Section 7

If you want to allow someone else to discuss your claim with the Scheme, has an authority been signed?

☐

Section 8

Is your declaration signed and dated?

☐

Person completing this Application Form (please tick one)

☐

Applicant (self)

☐

Person with authority to act on behalf of Applicant

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Department for Communities

e: chsh@communities.wa.gov.au
w: www.communities.wa.gov.au

National Relay Service TTY: 13 3677
(for people with hearing and/or voice impairment)

This document is available on request in alternative
formats such as large print, audio file and braille.