Application to Victorian Stolen Generations Reparations

If you are an Aboriginal person who was separated from family in Victoria before 31 December 1976 you may apply for Stolen Generations Reparations using this form.

Do you need help with this form?

Call: 1800 XXXXX

Email: vsgr@XXXXX

We understand that the questions asked in this form are sensitive and may raise difficult issues for you. Please contact the above number or see [insert website] if you need counselling and support through this process.

| Section 1 – Information About You | | | | |
|--|--|--|--|--|
| Your Gender: | | | | |
| Male Cother Cother | | | | |
| Your Present Name | | | | |
| First Name: | | | | |
| Middle Name: | | | | |
| Last Name: | | | | |
| Other names you may have been known by | | | | |
| First Name: | | | | |
| Middle Name: | | | | |
| Last Name: | | | | |
| Date of Birth (day/month/year): | | | | |
| Contact Details | | | | |
| Telephone: | | | | |
| Email: | | | | |
| Address: | | | | |
| Best way to contact you: | | | | |
| Telephone | | | | |
| Email | | | | |
| Post | | | | |

| Where were you removed to after being taken? | | | | |
|---|--|--|--|--|
| Fostered | | | | |
| Adopted | | | | |
| Institution | | | | |
| Other (please specify below) | | | | |
| Don't Know | | | | |
| If known do you have your wardship file number and date of removal? (It's ok to say I don't know): | | | | |
| Were you returned to your family as a child? If so when did this happen? (It's ok to say no or I don't know or no): | | | | |
| Do you have a support person/s or nominee you would like us to contact on your behalf? | | | | |
| No – Go to Section 2 | | | | |
| Yes – Please Complete below details | | | | |
| Support Person Name | | | | |
| First Name: | | | | |
| Last Name: | | | | |
| Relationship to applicant: | | | | |
| Support Person Contact Details | | | | |
| Telephone: | | | | |
| Email: | | | | |
| Address: | | | | |
| Best way to contact support person: | | | | |
| Telephone | | | | |
| Email | | | | |
| Post | | | | |
| Note: If you require a support service to assist you through this process please contact Reparations on 1800 XXX. | | | | |
| Do you have a legally appointed Guardian or Power of Attorney who is signing on your behalf? | | | | |
| No – Go to Section 2 | | | | |
| Yes – Please Complete below details | | | | |

| Guardian or Power of Attorney Name | | | | | |
|---|--|--|--|--|--|
| First Name: | | | | | |
| Last Name: | | | | | |
| Other Details: | | | | | |
| Guardian or Power of Attorney Contact Details | | | | | |
| Telephone: | | | | | |
| Email: | | | | | |
| Address: | | | | | |
| Please attach legal documentation of Guardianship or Power of Attorney arrangements. | | | | | |
| Note: If you would like assistance completing Guardianship or Power of Attorney arrangements please contact Reparations on 1800 XXX. | | | | | |
| Do you have a will? | | | | | |
| No – Go to Section 2 | | | | | |
| Yes – Please Complete below details | | | | | |
| Executor of Will Name | | | | | |
| First Name: | | | | | |
| Last Name: | | | | | |
| Other Details: | | | | | |
| Executor of Will Name Contact Details | | | | | |
| Telephone: | | | | | |
| Email: | | | | | |
| Address: | | | | | |
| Note: If you would like assistance developing a will please contact Reparations on 1800 XX. | | | | | |
| Section 2 – Identification Documents | | | | | |
| Your personal identification documents must be certified. A 'certified copy' is a copy of a document, which has been certified as being a true copy of the original document by a Justice of the Peace or other person authorised to witness a statutory declaration. Please note the two identification documents must match by reference to a name and current address. Please contact 1800 X if you need assistance or a support service for this process. | | | | | |
| Please attach a copy of any two of the following forms of identification: | | | | | |
| Current Drivers License | | | | | |
| Birth Certificate | | | | | |

| Victo | rian Stole | en Generations Reparations | | | |
|---|--|--|--|--|--|
| | Current F | Pensioner Concession Card | | | |
| | Current I | Health Care Card | | | |
| | Current I | Medicare Card | | | |
| | Passport | | | | |
| | Bank Ca | rd (copied on both sides) | | | |
| | Bank Sta | atement | | | |
| | Utility Bil | I | | | |
| - | | as changed since you were removed, please provide a certified copy of the erifying your name change: | | | |
| | Marriage | Certificate | | | |
| | Registrat | tion of Name Change (Deed Poll) | | | |
| | Another official document verifying name change (such as Statuary Declaration) | | | | |
| | | | | | |
| Secti | on 3 – Pe | ermission to search for government records | | | |
| under | take a se | Stolen Generations Reparations Unit needs your permission in order to arch of government and other records concerning your removal. To provide n to search for records please sign and date the statement below. | | | |
| I, (full | name) | | | | |
| give permission to the Victorian Stolen Generations Reparations Unit for the authorised officers to search for any information related to my removal. This may include searching the records of the Aborigines Protection Board, Aborigines Welfare Board, Child Welfare Department, as well as adoption records or other records relevant to my application. I understand that this information will be given to the Stolen Generations Reparations Unit staff and Independent Assessors for the purpose of assessing my application. I understand that my personal information will be kept securely and will not be used for any other purpose Signature | | | | | |
| Date: | | | | | |
| | | | | | |

Section 4 - Statutory Declaration

| Insert the name, address and occupation of person making the statutory declaration. | l, | | |
|--|--|--|---------------------------|
| | make the following statutory declaration under the Oaths and Affirmations Act 2018: | | |
| | | nation in the attached applica | |
| Set out matter declared to in numbered paragraphs. Add numbers as necessary. | correct. Where I have provided documents in support of the application, those documents are true copies of the originals. I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under the Oaths and Affirmations Act 2018, and I believe that the statements in this declaration are true in every particular. | | |
| Signature of person making the declaration | | | |
| Place (City, town or suburb) | Declared at | | *In the state of Victoria |
| Date | on | | |
| Signature of authorised statutory declaration witness | I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration: | | |
| Date | on | | |
| Name, capacity in which authorised person has authority to witness statutory declaration, and address (writing, typing or stamp) | | ised under section 30(2) of the ness the signing of a statutory d | |

The witness must only sign this section if the person making the statutory declaration is illiterate, blind or cognitively impaired and the statutory declaration is read to them.

I certify that I read this statutory declaration to [name of the person making the statutory declaration] at the time the statutory declaration was made.

| This section must be signed by any person who has assisted the person making the | I certify that I have assisted [name of the declarant] by [insert assistance provided, for example translating the document]. Signed: | | | | |
|--|--|--|--|--|--|
| statutory declaration, for example by translating the document or reading it aloud. If no assistance was required, this section does not need to be completed. | On: | | | | |
| Date | | | | | |
| Name and address of person providing assistance | Name and address of person providing assistance: | | | | |
| | | | | | |
| | | | | | |
| Section 5 - Checklist | | | | | |
| Please ensure the follow | ing are provided to apply to Stolen Generations Reparations: | | | | |
| Completed Applica | Completed Application Form | | | | |
| Two Forms of Certified Identification | | | | | |
| If relevant: | | | | | |
| Copy of Guardians | Copy of Guardianship or Power of Attorney Documentation | | | | |
| Confirmation of Name Change Identification | | | | | |
| | | | | | |
| Please send your completed application form to: | | | | | |
| [Insert Email] | | | | | |
| [Insert Mailing Address] | [Insert Mailing Address] | | | | |