

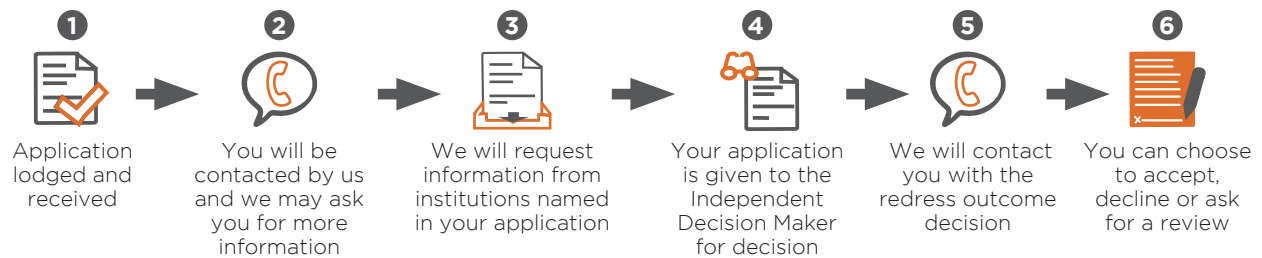
National Redress Scheme

For people who have experienced institutional child sexual abuse

Application for Redress

Use this form to apply for redress under the National Redress Scheme

Application stages



The **Redress Application Guidebook** (*the Guidebook*) has more information on how to fill in this form and apply.

Is the National Redress Scheme for you?

The National Redress Scheme acknowledges the harm caused to people who have experienced institutional child sexual abuse.

If you apply and are eligible, you may be offered:

- access to counselling and psychological care services
- a direct personal response from the institution(s) responsible for the abuse e.g. an apology acknowledgment
- a redress payment.

To be **eligible**:

- you experienced sexual abuse when you were a child (under 18 years of age)
- the sexual abuse happened **before** 1 July 2018
- you are aged 18 years or over before the end of the Scheme
- you are an Australian citizen or permanent resident (some exceptions apply), and
- you are applying for redress from an institution.



To search for institutions that are in the Scheme visit **nationalredress.gov.au/institutions/search** or call us on **1800 737 377** between 8:00 am and 5:00 pm AET, Monday to Friday excluding public holidays.

Protecting your personal information



Your personal information is **protected** under the *National Redress Scheme for Institutional Child Sexual Abuse Act 2018* and *Privacy Act 1988*.

We collect your personal information to assess your application and help you gain access to counselling and psychological services, a direct personal response, and a monetary payment.

Further information on how your personal information may be used is set out in the Privacy Notice on page ii of *the Guidebook*.

For detailed information about the Scheme's privacy policy visit **nationalredress.gov.au/about/privacy** or call us on **1800 737 377** for a copy.

Do you need help or support?

You can contact support services at any time



The National Redress Scheme provides **free, confidential legal support** and **financial counselling** through **knowmore**.

knowmore can help you understand your legal options to assist you to complete your application, and give you advice after you receive a decision on your application.

knowmore financial counsellors can help you understand the impacts of a redress payment and give you information and guidance if you are facing financial difficulty. You can call knowmore on **1800 605 762** or visit **knowmore.org.au**



The National Redress Scheme has **free and independent Redress Support Services** who can help you with your application.

We encourage you to contact a **Redress Support Service** for support if you are thinking about applying for redress under the National Redress Scheme.

There are a number of support services available that can help you complete the form, provide emotional and practical support, and help you through the period while you wait for a decision.



To find a Redress Support Service visit **nationalredress.gov.au/support** or call us on **1800 737 377** to connect you with a support service near you.

If you need **immediate support**, call one of the 24 hour support providers below:

- **BeyondBlue** 1300 224 636
- **Lifeline** 13 11 14
- **1800RESPECT** 1800 737 732
- **13YARN** 13 92 76
- **Full Stop Australia** 1800 385 578 or 1800 211 028
- **Mensline** 1300 789 978
- **Suicide Call Back Service** 1300 659 467.

How will the National Redress Scheme contact you?

We may call you, send you text messages and letters. Please tell us in Part 1 of the application form what is the best way to contact you.

Please let us know if your contact details change.

You can also ask for your Nominee to be the main point of contact. For information about appointing a nominee, see page 6 of *the Guidebook*.



You can **call** us on **1800 737 377** between 8:00 am and 5:00 pm AET, Monday to Friday excluding public holidays.

If you are overseas call +61 3 6222 3455 and ask to speak to someone from the National Redress Scheme.

Interpreter services are also available when you call us. If you are deaf, or have difficulty with your hearing or speech, you can use the National Relay Service to assist you, call **1300 555 727**.

Part 1: Your personal information



Your **name** and **date of birth** from Part 1 will be given to the institution(s) that may have information we need to help us with your application. For more information, see page 8 of *the Guidebook*.

1 Your name

Mr Mrs Miss Ms No title

Other

First name

Middle name

Other given name

Last name

2 What name would you like us to use when we call you?

Please use the name above

OR

Use a different name. (please write this below)

3 What is your date of birth (DD/MM/YYYY)?

If you do not know your date of birth please write 01/ 01/ YEAR.

Where you do not know your whole date of birth, write the parts you know then use an X to fill in the gaps.

For example: XX / 10/ 1951.

/ /



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4 What is your current address?

Please do not use a PO Box for this question.

Number / Street

Suburb

State ACT NSW VIC WA

TAS QLD NT SA Overseas

Postcode

Country

Is this your permanent address?

Yes

No

5 What is your postal address?

You can use a PO Box, mailing address or myGov. You can choose more than one option.

Use the address above

Use a different address (please write this in the space below)

Use myGov inbox You will need to link the Scheme to your myGov account. Visit **my.gov.au**

Number / Street / PO Box

Suburb

State ACT NSW VIC WA

TAS QLD NT SA Overseas

Postcode

Country



Health and Disability

We are asking the following questions to help us provide you with appropriate support during the application process.

9 Do you currently have a disability that affects your day-to-day life?

Answering this question will help us provide you with the right support during your application process, including support to complete this form.

Yes

How can we assist you?

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No

I prefer not to answer this question

10 Have you been told you have a terminal illness by a doctor or a medical professional?

Answering this question will help us provide you with the right support during your application process. For more information, see page 9 of *the Guidebook*.

Yes Please attach a letter from your doctor or medical professional

No

I prefer not to answer this question



Is the National Redress Scheme for you?

The next section asks you questions about your eligibility to apply for redress and includes questions about your abuse.

For more information about eligibility, see page 9 of *the Guidebook*.

If you would like support to complete your application, there are free and independent support services who can help you before, during and after you apply. A list of Redress Support Services are available at nationalredress.gov.au/support or call us on **1800 737 377** to find a support service near you.

11 Were you under 18 years of age when the sexual abuse happened?

Yes

No

12 Did the sexual abuse happen before 1 July 2018?

Yes

No

13 Was an institution responsible for the sexual abuse you experienced?

For more information, see 'When are institutions responsible?' on page 14 of *the Guidebook*.

Yes

No Please call us on **1800 737 377**.

14 Are you an Australian citizen?

You must be an Australian citizen or permanent resident at the time you apply, unless an exception applies to you as a former child migrant. You did not have to be an Australian citizen or permanent resident at the time the sexual abuse happened.

Yes (go to question 19)

No

15 Are you a permanent resident of Australia?

You must be an Australian citizen or permanent resident at the time you apply, unless an exception applies to you as a former child migrant. You did not have to be an Australian citizen or permanent resident at the time the sexual abuse happened.

Yes

No

25 Can we leave voice messages for you?



If you answer yes to this question it means we may leave you a message asking you to call us on **1800 737 377**. The message will identify the caller as from the Department of Social Services. Please choose one option.

Yes Use the phone number at question 24

Yes Use the number below

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No Do not leave voice messages for me

26 Would you like the Scheme to send you text messages?



If you answer yes, we may send you text messages for a number of different reasons. Some examples are: to confirm your application is received, to provide updates, to let you know we are about to call you, or to ask you to call us on **1800 737 377**.

To help ensure your privacy, text messages will use **NRS** to identify the message is from the National Redress Scheme. You can start or stop receiving text messages at any time by calling us on **1800 737 377**.

Please choose only one option below.

Yes Use the phone number at question 24

Yes Use the number below

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No

27 Is there another way to leave you a message asking you to contact us?



If we cannot contact you using details above, is there a trusted person or an organisation, for example a Redress Support Service, where a message could be left for you?

Yes Please give details below

No

Organisation name

Contact person

Phone number



Confirming your identity

To make sure your application can be assessed properly we need to confirm your identity. This helps to protect your identity and your privacy. For more information, visit nationalredress.gov.au/about/privacy or see 'Confirming your identity' on page 10 of *the Guidebook*.

28 How will you confirm your identity with the Scheme?

Do you have a Centrelink Customer Reference Number (CRN) or a Department of Veterans Affairs (DVA) file number?

Yes Please write the number below:

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No Please take the required original identity documents to a Services Australia service centre. At least one document must have a photo of you. All documents must be original. Services Australia does not accept:

- copies or certified copies, **or**
- expired documents.

See 'Confirming your identity' on page 10 of *the Guidebook* for how to confirm your identity.

You have reached the end of Part 1.

Part 2: Your experience of sexual abuse



In this Part of the application you will be asked to describe:

- your experience of child sexual abuse, and
- other forms of abuse that were related to your experience of sexual abuse, such as physical abuse, emotional abuse and/or neglect, and
- the person or people who abused you.

If you find that thinking about the abuse is distressing or brings back painful memories, please seek support from a person or service you trust. You can find a free and independent support service that can provide emotional and practical support at

nationalredress.gov.au/support or call us on **1800 737 377**.

24/7 support

If you need **immediate help** to manage the emotional impact of applying for redress, 24 hour phone assistance is available through:



- **BeyondBlue** 1300 224 636
- **Lifeline** 13 11 14
- **1800RESPECT** 1800 737 732
- **13YARN** 13 92 76
- **Full Stop Australia** 1800 385 578 or 1800 211 028
- **Mensline** 1300 789 978
- **Suicide Call Back Service** 1300 659 467.

Who will see Part 2 information?

Your answers and, where necessary, supporting documents from **Part 2**, will be given to the institution(s) that may have information we need to help us with your application.

Institutions will provide us with any information they have related to your application, including:

- when the abuse happened, and
- the person or people who abused you.

Institutions who receive your personal information are required to comply with strict privacy requirements in use, handling and disclosure of that information. For more information on how Part 2 information is used, see 'Who will see your information?' on page 7 of *the Guidebook*.

We understand some institutions may not have records. If there are no records held by the institution this will not stop your application from being assessed.

Experience of child sexual abuse in multiple institutions

If you experienced abuse at more than one institution, please answer questions about each institution separately. You will need extra copies of Part 2 before you get started.

You can download extra copies of Part 2 from our website at **nationalredress.gov.au/applying** or call us on **1800 737 377** for a copy to be sent to you. You can also copy pages 10 to 22 for each institution.



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29 Please provide as much information as you can about the institution responsible for you having contact with the person or people who abused you.

For more information, see page 12 of *the Guidebook*.

Reminder: If you experienced child sexual abuse in more than one institution, please complete a new Part 2 for each institution. You can download Part 2 from nationalredress.gov.au/applying or call us on **1800 737 377** for a copy to be sent to you.

Name of institution

Your answer could be the name you knew the institution by, the name of the organisation who operated it, or the name it was known by in the community.

Name

Do you know what type of institution it was?

For example, an orphanage, children's home, mission, church, foster care provider, school, disability service or youth detention centre.

Type

Number
Street

Suburb, town or city

State ACT NSW VIC WA
 TAS QLD NT SA Overseas

Postcode

Country

Please write other things that could help identify the institution, such as red brick building, new housing development, new name of a church or organisation.



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30 How you were known at this institution

Please write any ways you know the institution used to identify you.

First name

Last name

Nickname(s)

If you know any other ways this institution made records about you please write it here. This could be a date, a number, the name of another family member (such as a sibling) or other names you were known by at the institution.

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Information about when the abuse happened

31 When were you at the institution?

Please write the dates you were placed there, lived there, were in care, were employed, went to school or were member of a sporting group.

Approximate dates are fine if that is what you know. If you left the institution and came back then please write a date range.

For example: January - June 1985. Sometime in 1987, 1989 - 1992.

32 How old were you when the sexual abuse happened?

If you are unsure, or if the sexual abuse happened over more than one year, please write your age range.

For example: 9-12 years old.

33 Did the sexual abuse at this institution happen more than once?

Yes

No

34 Over what period did the sexual abuse happen?

Please only tick one box.

- Less than 1 year
- Between 1 and 2 years
- 2 years or more Give details below

If more than 2 years, how long?

35 Did you live at this institution when the sexual abuse happened?

- Yes
- No

36 When the sexual abuse happened to you at this institution, which of the following circumstances applied to you? You can tick more than one.

Answering this question may help us find more information to help with your application.

- A state ward
- A foster child
- In relative or kinship care
- Under other court ordered care
- A Defence Cadet
 - Army
 - Navy
 - Air Force
- In the Defence Force
 - Army
 - Navy
 - Air Force
- None of these apply to me

37 Were you a child migrant?

A person is a child migrant if they arrived in Australia without a parent or guardian and were placed into state care before 1984. A person living overseas who was a child migrant may be eligible for redress even if they are not currently an Australian citizen or permanent resident. For more information, see page 13 of *the Guidebook*.

- Yes
 - The United Kingdom or Malta
 - Other
- No

38 Did you have a disability at the time of abuse?

Answering this question will help us better understand the experiences of people with disability.

For more information, see page 13 of *the Guidebook*.

- Yes Please give details of the disability below

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- No
- I prefer not to answer this question

39 Please tell us about the person(s) who abused you at this institution.

If you do not remember their name that is okay. Can you please tell us about any job or role they had at the institution, what age they were or any other features that would help identify them.

Person 1

Name and/or nickname

Role at institution

Approximate age

Gender Male

Female

Other

Features (for example, hair colour, height, tattoo)

Person 2

Name and/or nickname

Role at institution

Approximate age

Gender Male

Female

Other

Features (for example, hair colour, height, tattoo)

A large rectangular area with a solid border and horizontal dotted lines, intended for handwritten text.

Information about people who may have known about the sexual abuse that happened at this institution

42 Please write about any person at the institution who may have known about the sexual abuse.

You can name people who you believe knew about the abuse even if you did not report the abuse.

Please use the spaces below to write the name(s) they were known by. You could also write their job, title, role or place at the institution. For example, a supervisor, classmate, manager or volunteer.

You could also attach any documents you may have that show another person knew about the abuse. Please list any documents on page 27 and then submit copies with your application.

You do not have to answer this question. You may not have had a chance to talk to anyone else, or you may not have had anyone to talk to. Thinking about this may be too difficult or bring up bad memories.

Your application can still be processed if you do not write anything here.

Name of person 1

Role of person 1

Name of person 2

Role of person 2

Name of person 3

Role of person 3

I am unable to answer any part of this question

43 Please use this space to write as much as you are able to identify anyone else who may have known about the sexual abuse at this institution.

This could be the police, a doctor, friend, clergy, counsellor, psychologist, support worker or family member.

Please list any documents that might be relevant on page 27 of this form, then attach copies to this application.

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Prior payments

The next questions are about prior payment(s) you may have received for experiencing child sexual abuse while at this institution, such as victims of crime, court awarded payments or another redress scheme. These payments may be taken into account when calculating an offer of redress.

Where a prior payment can be broken down into separate amounts for different purposes, only the amounts that were made in recognition of abuse, or harm caused by the abuse will be taken into account.

Any previous deed of release or confidentiality agreement you may have signed cannot stop you applying for redress.

For more information about how prior payments are taken into account, and may affect any redress amount you may be offered, see page 15 of *the Guidebook*.

What information do you need to include?

Please let us know if part of a prior payment was made for legal costs or other expenses (for example, medical, dental or other treatment).

If you have settlement, legal, or other documents that show the prior payment amount and when it was paid to you, please attach them.

You may have received one or more payments to recognise the harm of the sexual abuse at this institution. Please use the following questions to let us know about the prior payments you received.

44 Have you received any payments in relation to this abuse?

- Yes Please attach any documents you may have (go to question 45)
- No I have not had a prior payment for this abuse (go to Part 3)
- Not sure At question 45 select the 'Other' option and please give any details you think may be relevant. (go to question 45)

45 Which scheme was the payment made through?

You can tick more than one

- Victims of crime
Date of payment (DD/MM/YYYY)

□□ / □□ / □□□□

Write the amount paid

\$ □□□□□□□□

Was the payment made for:

- Sexual abuse
- Other abuse
- Other/Not sure

Please write other details for this payment

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- Another redress scheme
Date of payment (DD/MM/YYYY)

□□ / □□ / □□□□

Write the amount paid

\$ □□□□□□□□

Was the payment made for:

- Sexual abuse
- Other abuse
- Other/Not sure

Please write other details for this payment

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| |

- Awarded by a court
Date of payment (DD/MM/YYYY)

/ /

Write the amount paid

\$

Was the payment made for:

- Sexual abuse
 Other abuse
 Other/Not sure

Please write other details for this payment

- Other
Please write the name of the payment

Date of payment (DD/MM/YYYY)

/ /

Write the amount paid

\$

Was the payment made for:

- Sexual abuse
 Other abuse
 Other/Not sure

Please write other details for this payment

You have reached the end of Part 2.

Part 3: Impact of sexual abuse



Part 3 asks you about the impact the experience of sexual abuse has had on your life.

The Independent Decision Maker will consider this information to make their determination of redress as required under the *National Redress Scheme Assessment Framework 2018*.

We know that the information you provide us is sensitive, and to share this information may be distressing.

We collect this information to assess your application and help you gain access to counselling and psychological services, a direct personal response and monetary payment.

You can choose to share or not share your impacts of abuse with institution(s) at see question 46.

If you do not want to share your impact information with institutions, that is okay. If you choose not to share your impact information, we may not be able to help you access all the redress you may be eligible to receive.

For more information, see page 17 of *the Guidebook* or call us on **1800 737 377**.

Free support services



If these questions are difficult to answer, please seek support from a person or service you trust. Find a **free and independent service** at nationalredress.gov.au/support or call us on **1800 737 377**.

24/7 support

If you need immediate help to manage the emotional impact of applying for redress, 24 hour phone assistance is available through:



- **BeyondBlue** 1300 224 636
- **Lifeline** 13 11 14
- **1800RESPECT** 1800 737 732
- **13YARN** 13 92 76
- **Full Stop Australia** 1800 385 578 or 1800 211 028
- **Mensline** 1300 789 978
- **Suicide Call Back Service** 1300 659 467.



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Choosing to share impacts of sexual abuse or not?

If you choose to answer yes at question 46, we will share the impacts of the abuse with the institution(s) that you name in your application, or that the Scheme identifies during the assessment process.

This means we would share the information in Part 3, in other parts of this form, and in any other supporting documents or statements that you provide that describe the impacts of the abuse.

If you choose to answer no at question 46, that is okay. We will ask you about your choice later during the application process. If you want to change your decision, please call us on **1800 737 377**.

For more information on how institutions are allowed to use your impact information, see page ii of *the Guidebook* or go to nationalredress.gov.au/about/privacy

46 Do you agree to share your impacts of the abuse with the institution(s)?

- Yes** — I agree to share impact information with institution(s)
- No** — I do not agree to share impact information with institutions.

47 Please describe the impact the sexual abuse has had on you

You could select words from the list below to describe the impact of the abuse or write a short statement. You can do both or just one. It is your choice.



| | | |
|---|--|--|
| <p>Emotional</p> <ul style="list-style-type: none"> <input type="checkbox"/> Confidence <input type="checkbox"/> Emotions <input type="checkbox"/> Shame <p>Mental health</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> PTSD <p>Relationships</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ability to trust others <input type="checkbox"/> Family <input type="checkbox"/> Friendships <input type="checkbox"/> Home life <input type="checkbox"/> Parenting <input type="checkbox"/> Relationships | <p>General health</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fertility <input type="checkbox"/> Hospitalisation from injury <input type="checkbox"/> Permanent physical disability <input type="checkbox"/> Physical health <input type="checkbox"/> Sexual health <input type="checkbox"/> Sleep <input type="checkbox"/> Use of drugs and alcohol <p>Employment/ Shelter/Study</p> <ul style="list-style-type: none"> <input type="checkbox"/> Education <input type="checkbox"/> Financial security <input type="checkbox"/> Housing and homelessness <input type="checkbox"/> Work | <p>Personal</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cultural heritage <input type="checkbox"/> Faith <input type="checkbox"/> Life choices <input type="checkbox"/> Self-care <input type="checkbox"/> Sense of self <input type="checkbox"/> Sexuality <input type="checkbox"/> Wellbeing <p>Future</p> <ul style="list-style-type: none"> <input type="checkbox"/> Opportunities <input type="checkbox"/> Potential |
|---|--|--|

Please tell us in your own words about the impact of the sexual abuse and any other abuse, for example, emotional abuse, physical abuse or neglect.

A large rectangular area with a solid top and bottom border and a solid left and right border. The interior of the rectangle is filled with horizontal dotted lines, providing a guide for writing.

You have reached the end of Part 3.

The next pages ask about any attachments or personal support you may have used to complete your application.

Help you received to complete your application

To help us keep track of which organisations are assisting applicants, please answer the next two questions.



If you completed this application on your own, please go to question 50 on the next page.

48 From the list below please select who helped you complete your application and write the name below.

This includes any help from your nominee, family members, organisations, Redress Support Services and/or legal or advocacy groups.

- Redress Support Service
- knowmore legal service
- Other legal service
- Other service (for example health or community service)
- Family/friend
- Other

Please write the organisation or service name

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49 How they helped

For example, they gave information, helped me write the application form or legal advice.

- Completing the application form
- Legal advice
- Emotional and practical support
- Financial counselling
- Other (please list below)

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50 Attachments to support your application



You can attach copies of any documents that you feel support your application.

Some examples might be photographs, school reports, medical records, psychological reports, police reports, witness statements, testimony or other signed statements.

Please send copies as original documents cannot be returned.

| Number | Type of Document (see examples below) |
|--------|---|
| 1 | Statement to police. Dated 12/6/72. Copy of Photograph taken in 1945 at the institution. I am the child in the centre of the photograph. |
| 2 | |
| 3 | |

51 Statement and Declaration


I understand that:

- I must sign and date this form for the application to be accepted.
- I must notify the National Redress Scheme if any of my circumstances change.
- the National Redress Scheme can make enquiries with myself and institutions to assist my application process.
- giving false or misleading information, documents or statements to the National Redress Scheme is a serious offence and penalties may apply.

I declare that:

- the information I have provided in this form is complete, true and correct.
- I have read and understood the Privacy Notice available in the *Redress Application Guidebook*.
- I agree to the collection, use and disclosure of my personal information and I have answered question 46 in relation to sharing my impact information.

Your signature



Date signed (DD/MM/YYYY)

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Checklist

You can use the checklist to make sure your application is complete.



- Have you referred to the *Redress Application Guidebook* to help you prepare your application?
- Have you written your **name** and **address** in Part 1 of this form?
- Have you attached a letter from your doctor or a medical professional about your terminal illness? (see **question 10**)
- Are you using a **nominee**? Have you completed a Redress Nominee Form: *Authorising a person or organisation to act on your behalf*? (see **question 21**)
- Have you attached copies of any Power of Attorney, Guardianship or Financial Management Order? (see **question 22**)
- Have you completed Part 2 **for each institution** where you experienced child sexual abuse?
- Have you answered **question 39** in Part 2 for each institution to tell us about the person or people who sexually abused you?
- Have you answered **questions 44** and **45** in Part 2 about any **prior payment** you received for abuse at that institution and attached any documents?
- Have you answered **question 46** about sharing your impacts of sexual abuse?
- Have you attached copies of any reports or other supporting documents you want to include?
- Have you **signed** and **dated** this form at **page 27**?
- Have you made and **kept a copy** of your application for your own records? (If you apply via myGov a copy will be saved for you.)

Reminder

Free legal advice and information about redress is available through knowmore. Contact knowmore at **knowmore.org.au** or call **1800 605 762**. If calling from overseas, please call +61 2 8267 7400.

Return your completed application to

NRS
Reply Paid 7750
Canberra BC ACT 2610
Australia

Please make and keep a copy of your completed application before you return it to us.



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