Adoption Services Victoria

Apply for the Forced Adoption Exceptional Circumstances Fund

FORM ONE: Application form

# About this form

The Forced Adoption Exceptional Circumstances Fund (the Fund) is one of many steps the Victorian Government is taking to heal the harm caused by past practices. The Fund will provide one-off discretionary payments to mothers affected by forced adoption policies and practices in Victoria before 1985 who are experiencing terminal illness or other acute exceptional circumstances.

This form allows you to begin the application.

## Eligibility for the Fund

To apply for this fund, you must be both:

* a mother impacted by forced adoption practices that occurred in Victoria before 1985 and
* experiencing terminal illness or other exceptional circumstances.

Exceptional circumstances may include:

* critical illness or
* other acute circumstances that may warrant a one-off payment, to be determined on a case-by-case basis.

You cannot apply for this funding on behalf of someone who has already passed.

## Help is available to complete this form

The following community organisations offer assistance to apply to the Fund:

**VANISH**

* Call 03 9328 8611 or 1300 826 474
* Email [info@vanish.org.au](mailto:info@vanish.org.au)

**Relationships Australia**

* Call 1800 21 03 13
* Email [fass@rav.org.au](mailto:fass@rav.org.au)

**Link-Up**

* Call 03 9287 8800
* Email [linkup@vacca.org](mailto:linkup@vacca.org)

You can also contact the **Adoption Information Service** for information or support in accessing records.

* Call 03 8608 5700 (local call cost) and request a call back
* Email [adoptionrecords@justice.vic.gov.au](mailto:adoptionrecords@justice.vic.gov.au).

You can contact the Forced Adoption Inquiry team at:

* **Email**  
  [forcedadoptioninquiry@justice.vic.gov.au](mailto:forcedadoptioninquiry@justice.vic.gov.au)
* **Post**  
  Forced Adoption Exceptional Circumstances Fund  
  GPO Box 4332  
  Melbourne, VIC, 3001

If you need to use the Translating and Interpreting Service, email your request to [forcedadoptioninquiry@justice.vic.gov.au](mailto:forcedadoptioninquiry@justice.vic.gov.au). Please include your name and phone number. We will contact you using the Translating and Interpreting Service.

You can nominate someone to complete this form and communicate with the Department on your behalf. Further details on nominees are in *Form Two: Nomination of a support person.* Even if you nominate someone to complete this form, you must still sign the form.

## Providing documents and information

## You do not need to retell your experience unnecessarily. We only require the information that is needed to assess your application and confirm your eligibility for a one-off discretionary payment.

## After you complete this form, we will contact you to confirm receipt and advise you of any further information we might need.

You can submit this form and your documents by post or by scanning and emailing them to [forcedadoptioninquiry@justice.vic.gov.au](mailto:forcedadoptioninquiry@justice.vic.gov.au)

# PART ONE: Information about you

This information is required to identify you as the person applying to the Fund. Please let us know how we can best work with you by providing contact information and information about any additional supports you may need.

If you are completing this form for someone else, complete the form with their details, then add your details to *Form Two: Nomination of a support person.* You must have the person’s permission to complete this form and they must sign the application form and the nomination form.

## Your current name

|  |  |
| --- | --- |
| Your full name |  |

## Your name when you experienced forced adoption practices

Did you have another name at the time?

Yes

No

Not sure

If ‘Yes’, please provide your full name at the time:

|  |  |
| --- | --- |
| Your full name |  |
|  |  |

If ‘not sure’, please provide any possible names below, if known:

|  |
| --- |
|  |

## Other details about you

|  |  |
| --- | --- |
| Your date of birth |  |

If your date of birth is unknown, please provide an approximate date to the best of your knowledge.

Do you identity as one of the following?

An Aboriginal person

A Torres Strait Islander person

Both an Aboriginal and Torres Strait Islander person

None of the above.

We ask this question so that we can offer culturally safe services to Aboriginal and Torres Strait Islander people. You are not required to complete this question.

## Your contact details

What is your preferred contact method?

Phone

Email

Post

|  |  |
| --- | --- |
| Your phone number |  |
| Your email address |  |
| Your residential (home) address |  |
|  |  |
| Your postal address (if different) |  |
|  |  |

Please let us know if you have any preferences in relation to how we contact you. For example, plain envelopes or no voicemails on a landline:

|  |
| --- |
|  |

If your contact details change at any time after you submit your application, please notify us at [forcedadoptioninquiry@justice.vic.gov.au](mailto:forcedadoptioninquiry@justice.vic.gov.au).

## Support person

You can nominate a person who you would like us to contact on your behalf. You can give us permission to share information about your application with this person by completing **Form Two: Nomination of a support person**.

|  |  |
| --- | --- |
| Their full name |  |
| Their relationship to you |  |
| Their phone number |  |
| Their email address |  |
| Their postal address |  |
|  |  |

What is their preferred contact method?

Phone

Email

Post

When should we contact this person?

When directed by you

Instead of you

When we cannot reach you

Other reason

If ‘other reason’, please describe below:

|  |
| --- |
|  |

To nominate this person to make decisions about your application, you must complete **Form Two: Nomination of a support person**.

If this person has legal decision-making powers for you, for example guardianship or power of attorney, they must provide us with suitable evidence. Please contact us for further information, if required.

## Accessibility

Please advise us if you have any accessibility requirements (for example, if you use a Relay Service, or require a disability support worker to assist you through the application process).

Do you have any accessibility requirements?

Yes

No

If ‘yes’, please describe briefly below:

|  |
| --- |
|  |

# PART TWO: Information to support your eligibility Information to support your eligibility

This section asks you about your experience of forced adoption policies and practices. You do not need to already have your records about the adoption to apply. With your permission, we can perform a search for any relevant records held by Adoption Services Victoria and the Registry of Births, Deaths and Marriages Victoria that may support your application.

Were you subjected to forced adoption policies and practices in Victoria?

Yes

No

Not sure

Did this occur prior to 1985?

Yes

No

Not sure

Do you have supporting documentation for this application?

Yes - *please include these documents as outlined in Part 4*

No

***If no*,** would you like the Forced Adoption Inquiry team to search for any records that we can access that may support your application?

Yes

No

**If no,** please provide any further details you might know about your experience of forced adoption policies and practices that will help our search.

|  |  |
| --- | --- |
| Your child’s full name at birth |  |
| Your child’s place of birth |  |
| Institution or agency involved in the adoption |  |
| Name of Hospital |  |

**If known**, please provide any other information that may assist our search:

|  |
| --- |
|  |

## Exceptional circumstances

This section asks you about your current circumstances. You will need to provide supporting documents.

Are you **terminally ill**?

Yes - *Please complete Form Three: Medical Statement Form*

No

Are you **critically ill**?

**Critically ill**, in that you have an illness that is:

i. a life-threatening illness, and

ii. likely to materially impact your condition within 12 months from the date you submit your application, such that you would be prevented from having full benefit of any payment made to you if you had to wait for the redress scheme to become operational.

Yes - *Please complete Form Three: Medical Statement Form*

No

Please provide a completed copy of **Form Three:** **Medical Statement Form** signed by your treating doctor or other medical professional.

Are you experiencing **other acute circumstances that may warrant a one-off payment?**

Yes

No

If ‘yes’, please describe below:

|  |
| --- |
|  |

Please provide some form of documentation to support your application, such as a letter from your support worker or other agency detailing your exceptional circumstances and need for payment.

# PART THREE: Payment amount

You will need to nominate the payment amount that you would like to receive and what the payment is for. Payments can be made for up to $10,000 as a one-off discretionary lump sum. The payment amount will be determined at the discretion of the Committee, based on an assessment of your immediate needs. The maximum amount that can be provided is $10,000.

How much are you requesting as a one-off discretionary payment?

|  |  |
| --- | --- |
| Proposed amount |  |

Please describe how this payment will assist you?

|  |
| --- |
|  |

If you wish, you are welcome to provide documents that show how you will use any payment that is made. For more information, see PART FOUR.

# PART FOUR: Supporting documents

## Confirming your identity

We will require you to provide proof of identity. You can provide a photo or scan of these documents with your application or you can give them to us later.

You’ll need to supply the following information to support your application. You can include these documents when you submit your application or give them to us later. Please note that your application will not progress until all necessary information has been provided.

1. A copy of two kinds of identification. You must either provide certified copies of your documents, or provide a photo of yourself holding one of the pieces of identification.

The following identification types are acceptable. One of them must have your birth date. Both must have your legal name, which must match the name on your application form.

* 1. driver licence, learner permit, firearm licence or marine licence
  2. current medicare card
  3. passport or citizenship certificate
  4. keypass
  5. Commonwealth Government concession card (including health care card)
  6. Department of Veterans Affairs health card
  7. birth certificate
  8. a Working with Children Check Card
  9. current pensioner concession card
  10. bank card (copies of both sides) issued by an Australian institution
  11. bank statement issued by an Australian institution
  12. utility statement (gas, water, electricity, mobile or home phone)
  13. Australian Taxation Office assessment
  14. student or tertiary institution identification card
  15. executed lease agreement.

A **certified copy** is a document that has been verified by someone with the legal authority to say it is a true and correct copy of the original document.

The certifier needs to see the original document along with the copy. They will examine the copy, then stamp and sign it.

For more information, visit justice.vic.gov.au/certifiedcopies

If you do not have access to this information, you may be able to have an organisation confirm your identity. Please contact us for more information at [forcedadoptioninquiry@justice.vic.gov.au](mailto:forcedadoptioninquiry@justice.vic.gov.au).

## Name change

If your name has changed since you were subjected to forced adoption policies and practices, you will need to provide one of the following types of documents:

1. Marriage Certificate
2. Registration of name change (Deed Poll)
3. Adoption Certificate or similar (contact us if you require help accessing this)
4. Another official document verifying name change (such as a statutory declaration).

## Supporting document(s) to show you are a mother affected by forced adoption policies and practices that occurred in Victoria prior to 1985

You have the option of providing documents that show you were subjected to forced adoption practices and policies that occurred in Victoria prior to 1985. If you have supporting records that show your connection to an adoption, you can include these in your application. This will help us process your application. Please do not send original records.

If you have not been able to find any records or your baby was not adopted, please include any other supporting documents to support your application.

Supporting documents include, but are not limited to:

* A copy of an adopted person’s original birth certificate
* A copy of court records created by past adoption agencies and courts
* A copy of any submission(s) you have made to past inquiries into forced adoption practices or other inquiries where you referred to your experience of forced adoption practices
* A letter from your doctor or support worker who can confirm that you have been impacted by forced adoption practices and policies
* A statutory declaration.

We are seeking records that show:

* You were pregnant and / or gave birth in Victoria prior to 1985, and
* You experienced forced adoption practices aimed at forcing relinquishment of your baby for adoption.

## Supporting document(s) to show you are experiencing exceptional circumstances

We require documents that demonstrate you are experiencing exceptional circumstances that warrant a one-off discretionary payment. This includes a completed copy of the Medical Statement Form signed by your treating doctor or other medical professional if you are terminally or critically ill.

## Payment amounts

You have the option of providing documents that show how you will use any payment that is made. You do not have to provide this, but it may help us process your application. We are seeking information that shows how the payment amount will meet your immediate needs. Please note, if you choose not to provide this, it won’t negatively impact your application.

# PART FIVE: Privacy and declaration

Privacy Collection Notice

The Department of Justice and Community Safety is committed to protecting your privacy.

Any personal information you provide to the department in this form will be treated in accordance with the principles set out in the *Privacy and Data Protection Act 2014*, the *Health Records Act 2001*, and the *Public Records Act 1973*. You may request access to the information the department holds about you in relation to this form, and you may request its correction if necessary.

The information you have provided to us in this application form will be used to

• assess your eligibility for the Forced Adoption Exceptional Circumstances Fund, and   
• inform you of the progress and outcomes of your application

Some or all of the information provided, including documents submitted as proof of identity, may be disclosed to and/or verified with other persons or bodies with adequate entitlement to the information within:

• Adoption Services Victoria

• Registry of Births, Deaths and Marriages Victoria

• the Committee for the Fund.

The Committee will determine whether each application is eligible for the fund, and the amount to be provided to the applicant. This Committee will compromise of representatives from:

• Department of Justice and Community Safety

• Department of Premier and Cabinet

• Department of Treasury and Finance

With your permission, information you provide may also be used to search for and check against relevant available records held by Adoption Services Victoria and the Registry of Births, Deaths and Marriages Victoria, as delegated by the Secretary of the Department of Justice and Community Safety Victoria. This search of records will be conducted for the sole purpose of assessing your eligibility for the Fund.

You are not obliged to provide any of the personal information requested on this form.

For more information, please see:  
[justice.vic.gov.au/your-rights/privacy/information-privacy-policy](http://www.justice.vic.gov.au/your-rights/privacy/information-privacy-policy)

Please email us at [forcedadoptioninquiry@justice.vic.gov.au](mailto:forcedadoptioninquiry@justice.vic.gov.au) if you:

• have any questions about how your information is handled

• would like a copy of our privacy policy

• would like to access the information we hold about you as part of this application process.

## Declaration

**I certify that I have read and understood the statement below:**

I declare that all statements made in this application are true and correct. I understand that this application and information I provide will be considered public records, and will be retained in accordance with the *Public Records Act 1973*. I acknowledge that I have read the collection notice above and understand there may be circumstances where the department needs to share my information. I understand that it is an offence to knowingly make a false or misleading representation in this application or its supporting documents and that penalties may apply.

|  |  |
| --- | --- |
| Your signature |  |
| Today’s date (dd/mm/yyyy) |  |

## After you submit your application

You will receive written confirmation that we have received your application.

We may contact you to seek further information, if required.

We will begin processing your application using the information and evidence you have submitted.

If you provided consent, we will search for records to confirm that you were subjected to forced adoption practices and policies.

Once we have completed this information gathering, we will provide you with the final copy of your application form and any additional information you have provided, and ask you to confirm it is correct.