State redress registration form

Redress New Zealand

About this form

To make a redress claim, please fill in and submit this form. We use the information you give us to:

- assess if we can register your claim
- understand what support you may need
- contact you if we need more information.

It is okay if you cannot give us all the information now. We can talk with you about what else we need and how we can support you.

We can help you complete this form – call us on **0800 110 886,**

(or for international calling telephone **+64 4 910 9886**)

If you have a legal representative acting on your behalf, they can fill in this registration form for you.

If you would like someone to act on your behalf or you are under the age of 18, you will need to complete an Authority to Act form.

This form is available for download through our website **www.redress.govt.nz** or can be sent to you by post.

Identifying information

1. What is your full name?

First and middle names

Surname or family name

2. Have you ever been known by any other names?

☐ Yes ☐ No

If yes, please provide them all below

3. What is your date of birth?

Date Month Year

4. What is your gender?

☐ Male ☐ Female ☐ Gender diverse ☐ Prefer not to say

Identifying information

5. **Did you have a different gender while in care?**

☐ Yes ☐ No

If yes, please provide it below

6. **What is your ethnicity?**

☐ Māori ☐ Samoan ☐ Indian ☐ NZ European ☐ Tongan

☐ Chinese ☐ Cook Islands Māori ☐ Tokelauan ☐ Niuean

☐ Prefer not to say ☐ Other **If other, please provide it below**

Q7 Note:
We may need this information to help find records that support your claim. If you choose not to provide it now and we need it to assess your eligibility, we will get in touch with you.

7. **What are the names of your parents and/or siblings?**

Name	Relationship

Contact details

8. **What is your preferred contact method?**

☐ E-mail ☐ Phone

☐ Text message ☐ Letter to home

Q8 Note:
Please select only one.

9. **What is your e-mail address?**

Q10 Note:
International numbers must start with a plus sign +.

10. **What is your phone number?**

Contact details

11. What is your home address?

Flat/House number | Street name

Suburb | City

Country | Postcode

12. Are you in a Correctional facility?

☐ Yes ☐ No

If yes, please provide the details below

Person Record Number (PRN)

Correctional Facility name

Redress claim details

We need some information about your experience in care. This helps us understand if you may be eligible for state redress. We know this can be a big step. Anything you share with us will be treated with care and respect. You can share details in this form, or you can talk with our staff later. Anything you share will be recorded. We may need to contact you if we need further information to help us determine if you are eligible.

13. Would you prefer to discuss the details of your claim with a member of our staff instead of providing them in this form?

☐ Yes, I would like a member of staff to contact me to discuss my claim.

Go to question 19

☐ No, I will provide the details in this form.

Please provide the details below

Q14 For example:

- a mental health facility
- in the care of the Department of Social Welfare
- a school
- borstal
- in the care of Child, Youth and Family
- in the care or custody of Oranga Tamariki
- Maatua Whāngai

14. What place, service, or setting is your claim about?

14.1 If your claim is about a school or schools, what is the name of the school or schools?

14.2 If your claim is about a youth penal institution, what is your Person Record Number (PRN), if you know it?

Redress claim details

15. **Do you believe you suffered abuse or neglect while in state care?**

☐ Yes ☐ No

If yes, please provide the details below

Go to question 18

Q16 For example:

- 'September 1992'
- 'When I was in Year 6 at school'
- 'When I was 10 years old'

If you cannot remember or you are unsure please note this and a member of our team will follow up with you.

16. **When did the abuse or neglect you experienced in state care happen?**

17. **Please provide a few brief sentences on the abuse or neglect you experienced in state care. This is needed so we can check that you are eligible to register a claim.**

Q18 Note:

This question is optional. This means:

- you do not have to answer now
- we can still register your claim if you leave it blank.

If your claim is eligible for redress, we can support you to share more later if you choose to.

18. **If you would like to provide any further information about your experience to help us process your claim, please provide it here.**

Representation

19. **Do you have an agent or representative?**

☐ Yes ☐ No

If yes, please provide contact details below

Name

E-mail address

Postal address

Flat/House number Street name

Suburb City

Country Postcode

20. **Are you working with a lawyer for your claim?**

☐ Yes ☐ No

If yes, please provide contact details below

Name

E-mail address

Phone number

Postal address

Flat/House number Street name

Suburb City

Country Postcode

Accessibility and cultural needs

21. **Do you have a disability, accessibility or cultural needs that we need to be aware of when working with you?**

Identification

To progress your registration, we also need a proof of identity.

What type of identification can I use?

To verify your identity, we need you to provide a copy (scan, photo or photocopy) of **one** of the following forms of identification:

- New Zealand or Overseas Passport (please include the first page with your photo and details as well as the page with your signature)
- New Zealand driver licence (please provide a copy of both sides)
- New Zealand firearms licence
- a Statutory Declaration or Proof of Identify form from the Ministry of Justice website **www.justice.govt.nz/criminal-records/get-someone-elses/identification-check-requirements**

Your identification must meet these requirements:

- overseas identification must be current
- New Zealand identification can be used up to 2 years after it expires
- your identification cannot be cancelled
- your identification cannot be damaged or changed in a way that makes it hard to read.

If you do not have one of these forms of identification or are not sure if your identification meets these requirements, we can work with you to find another way to verify your identity.

Please indicate below which form of identification you will be providing and how you will be providing it.

22. **What type of identification will you be providing to us so we can verify your identity?**

23. **How will you send us your identification?**

☐ By e-mail ☐ By post

Declaration and consent

This form is operated by the Ministry of Social Development (MSD). The information you provide will be collected, stored, and managed by MSD as part of the State Redress system.

See 'Privacy and information sharing' on the Redress New Zealand website **www.redress.govt.nz/support-and-guidance/privacy-and-information-sharing**.

Please confirm you understand that the information you have provided will be collected, used, and shared by State Redress NZ and redress agencies (the Ministry of Social Development, Ministry of Education, Ministry of Health, Health New Zealand, Te Puni Kōkiri, Department of Corrections, Oranga Tamariki) as needed to assess and process your claim. Any disclosure of your personal information will be no more than is reasonably necessary to achieve this purpose.

☐ The information I have provided is true and correct.

☐ I understand that the information I have provided will be collected, used, and shared by State Redress NZ and redress agencies as needed to assess and process my redress claim.

Date completed

Date Month Year

Please return this form to: State Redress NZ, PO Box 1556, Wellington 6140 Or e-mail it to: **contact@info.redress.govt.nz**.

What happens next?

If we require any further information to process your registration, we will be in touch.

If you are eligible for redress, we will ask you to complete a 'Declaration and Consent' form as part of the serious offender checking process, to establish if you are eligible for a financial settlement. We will use the same ID you provided for your redress claim to carry out this process.