Redress
New Zealand

State redress registration form

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

What is your full name? *(required)*

Have you been known by any other names? *(required)*

☐ Yes ☐ No

What other names have you been known by? *(required)*

What is your date of birth? *(required)*
Please write the date as day/month/year

What is your gender? *(required)*

Did you have a different gender while in care? *(required)*

☐ Yes ☐ No

What was your gender while in care? *(required)*

What is your ethnicity? *(optional)*

- ☐ NZ European
- ☐ Māori
- ☐ Samoan
- ☐ Cook Islands Māori
- ☐ Tongan
- ☐ Tokelauan
- ☐ Niuean
- ☐ Chinese
- ☐ Indian
- ☐ Other
- ☐ Prefer not to say

Representation

Do you have an agent or representative? *(required)*

☐ Yes ☐ No

What is your agent or representative's name? *(optional)*

What is your agent or representative's email address? *(optional)*

What is your agent or representative's postal address?

Address Line 1 *(optional)*

Address Line 2 *(optional)*

Suburb *(optional)*

City *(optional)*

Postcode *(optional)*

Country (*optional*)

Are you working with a lawyer for your claim? *(required)*

☐ Yes ☐ No

What is your lawyer's name? *(required)*

What is your lawyer's email address? *(optional)*

What is your lawyer's phone number? *(optional)*
International numbers must start with a plus sign+

What is your lawyer's postal address?

Address Line 1 *(optional)*

Address Line 2 *(optional)*

Suburb *(optional)*

City *(optional)*

Postcode *(optional)*

Country (*optional*)

Accessibility and cultural needs

Do you have disability, accessibility or cultural needs that we need to be aware of when working with you? *(optional)*

Contact details

What is your preferred contact method? *(required)*
Example: phone, email, text message, post

What is your email address? *(optional)*

What is your phone number? *(optional)*
International numbers must start with a plus sign+

What is your home address?

Address Line 1 *(optional)*

Address Line 2 *(optional)*

Suburb *(optional)*

City *(optional)*

Postcode *(optional)*

Country *(optional)*

Are you in a Correctional Facility? *(required)*

☐ Yes ☐ No

What is your Person Record Number (PRN)? *(required)*

Which Correctional Facility are you in? *(required)*

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.

Would you prefer to discuss your claim details with one of our staff? *(required)*

☐ Yes ☐ No, I'll provide details below

What place, service, or setting is your claim about? *(required).* For example:

- a mental health facility
- in the care of Child Welfare
- 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

If your claim is about a school or schools, what is the name of the school or schools? (*optional*)

Is your claim about a youth penal institution? *(required)*

☐ Yes ☐ No

What is your Person Record Number (PRN), if you know it? *(optional)*

Do you believe you suffered abuse or neglect while in state care? *(required)*

☐ Yes ☐ No

When did the abuse or neglect you experienced in state care happen? *(required)*

Example: ‘September 1992', or 'when I was in Year 6 at school' or '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.

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

The next question is optional. This means:

- you do not have to answer it 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.

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

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.

What type of identification will you be providing to us so we can verify your identity? *(required)*

How will you send us your identification? *(required)*

☐ By email ☐ 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 'Your information matters' on the Ministry of Social Development website www.msd.govt.nz/about-msd-and-our-work/work-programmes/historic-claims/ keeping-information-safe.html

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.

☐ The information I have provided is true and correct *(required).*

☐ 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 *(required).*

✉ Please return this form to: State Redress NZ, PO Box 1556, Wellington 6140
Or email 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.

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