



SEVENTH-DAY ADVENTIST CHURCH

REQUEST FOR REDRESS

Please complete as much of this form as you are able to, however, we understand if you are not able to complete all sections of this form. If you would like assistance with this form please do not hesitate to contact us using the contact details provided.

SECTION A – Applicant Details

Full name _____

Have you previously been known by any other name

No **Yes** **Details** _____

Gender: **Male** **Female**

Date of birth _____

Medicare number _____

Current living Address _____

Phone number _____

Email address _____

Mailing address _____

Name of contact person (if applicable) _____

Indigenous/ethnicity _____

Translator required

No **Yes** **Details** _____

SECTION B – Offender’s Details If Known

Full name _____

Gender: **Male** **Female**

Age at time of incident _____

Address _____

Phone number _____

Email address _____

Connection of the abuser to the Seventh Day Adventist Church (if known):

Member **Contractor** **Teacher** **Minister**

Volunteer **Chaplain** **Elder** **Youth Leader**

Other **Details** _____

SECTION C – Details of Abuse

How old were you when the abuse started _____

Has this incident previously been reported to the Police?

Yes **Date matter was reported** _____

Police Event Number _____

Police Action (if known) _____

Police Station _____

Police Officer) _____

No **Unknown**

Date / Period of time of incident _____

Location/s of incident _____

Is there anyone you would like us to contact who may be able to provide further information

No Yes

If "Yes" please provide details of person if known to you.

Name _____

Phone number _____

Email address _____

Postal address _____

Have you previously disclosed the abuse to the SDA Church or any other organisation?

No Yes

If "Yes" please provide details of person if known to you.

Who did you tell and what was their role, if any? _____

Date of disclosure _____

Please list the documents (if any) provided in support of this request (eg Victim Impact Statement, Statutory declaration, psychologist report etc).

1. _____
2. _____
3. _____
4. _____
5. _____

a. Have you previously disclosed the abuse to the SDA Church or any other organisation?

Yes No

b. If "yes" please provide details of the payment received, the source of the payment and how the funds were spent (eg legal fees, counselling, general living expenses etc)

SECTION D – Your Story

Please provide us with a description of the psychological and/or physical injuries you have suffered and its effect on you. PLEASE NOTE if you feel that this information is included in any attached documents it may not be necessary to complete this section.

[Please attach further page/s if more space is required.]



Sign below once you have completed this application, then post to the address below together with any supporting documentation. You will be notified if any further action, information or documentation is required in order for your application to be assessed.

.....

Signature

.....

Date

.....

Name

After completion post to:

Adsafe, PO Box 966 Wahroonga, NSW 2076

or email to:

redress@adsafe.org.au