

# Application Form



Historical  
Forced  
Adoptions  
Redress  
Scheme

The Victorian Government established the Historical Forced Adoptions Redress Scheme (the scheme) to acknowledge the impact of historical forced adoption practices and to provide support to mothers who continue to live with the serious, complex, and ongoing effects of their experience of forced separation from their newborn babies.

The scheme is administered by the Department of Justice and Community Safety and is independent of any institutions that were involved in forced adoption practices.

The scheme has a dedicated team available to guide you through the application process, answer questions, and assist you with any supporting information that may be required. It is important to be aware you do not need a lawyer to apply to the scheme.

The scheme is open for applications until 31 January 2028.

## Important information

### Who can apply?

- Mothers who gave birth in Victoria, or were a Victorian resident but gave birth interstate, and who were forcibly separated from their newborn babies soon after birth and prior to 1990.
- Mothers who received a payment from the Forced Adoption Exceptional Circumstances Fund are still able to apply for the scheme.
- Applications cannot be submitted on behalf of a person who has passed away.
- You can only make one application to the scheme.

### Supporting documents

- Our support team will talk with you to confirm what documents may be required and how we can help you with your application. We can request information on your behalf from the relevant agencies and you do not need to obtain the records yourself.

### The terms we use

- The scheme uses the term 'mothers' to refer to its applicants to mirror the language that was used in the 2021 Parliament of Victoria *Inquiry into Responses to Historical Forced Adoption in Victoria* (the Inquiry). The Victorian Government acknowledges that some applicants may not identify with this term. We recognise that people of diverse backgrounds and gender identities give birth. This scheme is open to people of all identities, if they gave birth to a baby they were forcibly separated from.
- We also acknowledge that the term 'forced adoption' may not resonate with all mothers, noting not all mothers' experiences of past policies and practices resulted in adoption. As this term was used in the Inquiry, it is used to refer to forced separation practices that the Inquiry and scheme cover.

### Contact us for a confidential discussion about your application:

**Phone:** 1300 217 425 9am-4:30pm Monday-Friday (excluding public holidays)

**Email:** [forcedadoptions.redress@justice.vic.gov.au](mailto:forcedadoptions.redress@justice.vic.gov.au)

If you need to use a Translating or Interpreting Service, we can assist you with this.



## Q4 Preferred spoken language

## Q5 Accessibility

**Do you have any accessibility requirements?**

No     Yes     Prefer not to say

If yes, please briefly describe your accessibility requirements.

The answer to this question will help us to support you to complete your application. For example, you may require an interpreter, or support to understand or complete forms.

## Q6 Your contact details

Postal address:

Email address:

Telephone number:

## Q7 Preferred contact method

Phone    Email    Post

**Please let us know if you have any preferences in relation to how we contact you.**

For example, to protect your privacy, you may request that we send correspondence in unmarked envelopes. You may request that we do not leave telephone messages or that we only call your mobile phone number.

## Q8 Your bank account information

Please provide your bank account details for the deposit of financial payment should your application be successful. Please note an Australian bank account must be provided. For all overseas accounts, please contact us to discuss.

Name of Bank Account Holder:

BSB Code:

Account Number:

Financial Institution (Bank) name:

### Q9 Bank details consent

I hereby request that you direct credit the above bank account for amount/s to which I am found eligible by the Department of Justice and Community Safety.

Yes     No.

Name of Applicant:

Signature of Applicant:

Date:

### Q10 Application prioritisation

We will prioritise applicants based on age and personal circumstances.

**Do you have a particular personal circumstance (for example terminal, acute or critical illness) that we should consider in prioritising your application?**

Yes     No     I'm not sure

Please provide brief details below

## Q11 The Forced Adoption Exceptional Circumstances Fund

If you received a payment from the Forced Adoption Exceptional Circumstances Fund you are still able to apply for this scheme.

With your consent, the scheme can access your application to the Exceptional Circumstances Fund to determine if you are eligible to have your scheme application prioritised.

**Did you receive a payment from the Forced Adoption Exceptional Circumstances Fund?**

Yes  No

**If yes, do you consent to the scheme accessing your application to the Forced Adoption Exceptional Circumstances Fund?**

Yes  No

## Q12 Nominee or support person

**Would you like to appoint a nominee or support person to act for you or to assist you with making an application?**

Yes (If yes, please contact us to obtain a nominee form)

No

## Q13 If you pass away during the assessment of your application

If you pass away during the assessment of your application, we will continue to progress the assessment.

You must choose a person to be your next of kin so that we have someone to discuss your application with if you pass away during the assessment process.

**Please identify your next of kin:**

First and last name:

Relationship to you:

Phone number:

Email address:

Postal address:

## Q13 (cont.)

You **must** confirm which option you would like for the payment of your financial redress if you pass away during the assessment process. Please choose one of the options below:

### Option 1

- I would like my redress payment to be paid to the next of kin named in my application

**OR**

### Option 2

- I would like my redress payment to be paid to my estate as per my Will. (Please note that if you choose this option but do not have a Will, the payment will be distributed as per the [laws of intestacy](#).)

If you have chosen **Option 2**, please provide the details of your executor or the person who will administer your Will. If this is an organisation, you can include their details.

We will only contact this person if you pass away before your application is finalised.

### Executor details

First and last name:

Company name (if applicable):

Phone number:

Email address:

Postal address:

### Please sign below to confirm your choice

Name of Applicant:

Date:

Signature of Applicant:

## PART TWO: Information about your experience

The information you provide about the birth of your baby and your experience of forced adoption will assist us to process your application for redress.

**We recognise that providing this information may be difficult. Our support team is available to help you.**

If you had more than one experience of forced adoption, please advise our support team so that each experience can be documented separately. However, only one redress outcome is available for each applicant to the scheme.

### Q14 Details about your baby

Please enter the date you gave birth to your baby:

D	D	M	M	Y	Y	Y	Y
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If you cannot remember the specific date, please provide an estimate as close as possible.

If you are aware of the name of your baby as stated on the original birth certificate, please provide the name (if not, please leave blank):

### Q15 When were you and your baby separated?

Please describe the point in time at which you and your newborn baby were separated. Please be as specific as you can. For example, immediately after birth, or the number of hours, days, or weeks following birth. If you can, please provide the specific date.

### Q16 Where did you give birth to your baby?

Victoria

Other Australian state or territory:

New South Wales  South Australia  Tasmania  Australian Capital Territory

Queensland  Western Australia  Northern Territory

#### **Name of hospital or other service**

Please provide the name of the hospital or other service where your baby was born. If you gave birth to your baby at home or another place/residence, please indicate this.

### Q17 Where did you live during your pregnancy?

Victoria

Other Australian state or territory:

New South Wales  South Australia  Tasmania  Australian Capital Territory

Queensland  Western Australia  Northern Territory

#### **What was your address?**

If you cannot recall a specific address, please provide the suburb or city.

#### **Did you spend time in a maternity home or mother-and-baby home?**

Yes. Please provide the name of this institution and location.  No

Name of institution:

Location of institution:

## Q18 Where was your usual place of residence prior to becoming pregnant?

Victoria

Other Australian state or territory:

- New South Wales    South Australia    Tasmania    Australian Capital Territory  
 Queensland    Western Australia    Northern Territory

**What was your address? If you cannot recall a specific address, please provide the suburb or city.**

You may wish to include information such as whether you were living alone, with family, friends, or housemates.

## Q19 Please tell us about your experience of forced adoption

Please select any boxes that apply to your experience:

**You did not give consent for the separation or adoption of your baby**

*Note: This means that you did not sign a 'consent' form, or a 'consent' form was falsified in your name.*

**You were pressured into giving your consent**

*Note: Pressure may take different forms and includes conduct which made you feel that you had no choice. Pressure may be imposed verbally, physically or psychologically.*

**You were deceived into providing your consent**

**You were not capable of providing informed consent when the adoption papers were signed**

*Note: To give informed consent, a person must understand what they are giving consent to. A person may not be capable of giving consent for several reasons, such as due to the impact of medication, intoxication, mental illness or the impact of stress or trauma.*

**You consented to the adoption of your baby, but you were not allowed to withdraw your consent 28 to 30 days after you gave it**

**The document with your consent or the adoption papers were changed after you signed them**

## Q19 (cont.)

- You consented to the separation or adoption either:
  - i. before you gave birth, OR
  - ii. within 5 days of the birth, OR
  - iii. within 14 days of the birth
  
- Other, please describe

Continue next page

## Q19 (cont.)

**If you would like to add any more information, please do so here.  
Please note this is optional.**

**We understand providing this information can be difficult. Our support team can help you with this part of your application.**

## PART THREE: Supporting Information

### Q20 Do you have copies of adoption records?

You may wish to provide copies of birth and/or adoption records with your application.

Do you already have copies of adoption records?

- Yes, I would like your support team to contact me to discuss.
- Yes, I am attaching documents to my application
- No. Refer to information on page 15 and 16 – Consent to search records.

### Confirming your identity

We require documents that prove your identity and a connection between yourself and the documents.

You can provide a photo or scan of these documents. They do not need to be certified.

### Accepted identity documents

You can provide any two of the following pieces of identification showing your name as it appears in this form. One piece of identification must show your date of birth. Eligible types of identification are:

- Driver's/learner's permit, firearm, or marine licence
- Proof of Age Card
- Keypass
- Commonwealth Government Concession Card (including Health Care Card)
- Department of Veterans Affairs Health Card
- Birth Certificate
- Working with Children Check Card
- Pensioner Concession Card
- Medicare Card
- Passport
- Bank Card (copies of both sides) issued by an Australian institution
- Bank Statement issued by an Australian institution
- Utility Statement (gas, water, electricity, mobile or home phone)
- Australian Taxation Office Assessment
- Student or Tertiary Institution Identification card
- Executed lease agreement

**If you do not have access to these documents, please contact us to discuss alternatives.**

Continue next page

## Q20 (cont.)

### Connecting you to the documents

You must also provide a photo of yourself holding one of your pieces of identification. The photo must show your face and your chosen identification document. This is to help us connect you with the evidence provided.

### Change of name

If your name has changed since you were separated from your baby, you must provide evidence verifying your name change. Evidence can include:

- Marriage Certificate
- Registration of Name Change (Deed Poll)
- Adoption certificate or similar (contact us if you require help accessing this)

**If you do not have access to these documents, please contact us to discuss alternatives.**

If no evidence can be obtained, we may ask you to provide a statutory declaration about any changes to your name.

## PART FOUR: Privacy Consents and Declaration

You, the Applicant, must respond to these statements yourself and enter your own name. You cannot respond to this page on behalf of someone else, even if they give you permission.

### Privacy statement

The scheme is administered by the Department of Justice and Community Safety (Department).

The Department will collect, use, store and disclose your personal information and health information (including your sensitive information) provided in this document for the purposes of assessing your eligibility for the Historical Forced Adoption Redress Scheme (the scheme), the provision of support services requested by you and, if your application is successful, payment and administration of your scheme outcome.

To assess your eligibility for the scheme and deliver any applicable redress outcome, the Department may collect and share information about your application from and with record holding departments and agencies both within and outside of Victoria. These agencies may be State and Commonwealth agencies, or organisations outside of government, which may include government-funded, private sector and not-for-profit organisations such as community- controlled organisations or Churches or organisations that administered orphanages. Your information will not be shared for any other purposes without further consent.

If you choose to nominate a person to collect and receive information on your behalf relating to your application, we may also collect and share your personal and health information from and with that person to progress your application.

The Department will treat the information you provide, and the information it collects about you, with

strict confidentiality and in accordance with Victoria's privacy laws. For further information about privacy, please refer to the Department's privacy policy on at [www.justice.vic.gov.au/your-rights/privacy/information-privacy-policy](http://www.justice.vic.gov.au/your-rights/privacy/information-privacy-policy)

Our Privacy Policy explains how we collect, use, store and disclose your personal information and how you can access and seek correction of the information we hold about you as well as how to make a privacy complaint.

### Consent to search records

Under relevant privacy laws, the Department seeks your consent to undertake a search of government and other organisations' records concerning the forced removal of your baby to assess your eligibility for the scheme and enable the delivery of redress outcomes.. We also seek your consent to show other agencies and organisations this consent form, in order that they are clear that they have your authority to release the information to us.

The Department may search for information related to the removal of your baby in records held by State and Commonwealth agencies, or organisations outside of government, which may include government-funded, private sector and not-for-profit organisations such as community- controlled organisations or Churches or organisations that administered orphanages both within and outside of Victoria.

For the Department to make such enquiries, we ask that you agree to us (through the consent boxes below) communicating with other relevant organisations on your behalf.

Records identified as part of these searches will be held securely by the Department and used only for the purpose of determining your eligibility for redress and delivering redress outcomes..

If you appoint a person to receive and collect information relating to your application on your behalf (Nomination of a Support Person or Organisation), you also consent to the Department sharing your personal and health information with your Authorised Person or Authorised Organisation for the purposes of progressing and determining your application.

You do not need to consent to these searches. However, if you do not, the Department will be required to consider your application based solely on the information that you provide in your application and any records you provide to us, which may impact on the chances of you being deemed eligible for the scheme.

If the Department is not able to obtain the information required to establish your eligibility, your application may be found ineligible.

## Declaration

I confirm that the information I have provided to the Historical Forced Adoptions Redress Scheme is true and correct, and that I have a reasonable belief that I meet the eligibility criteria to apply for this scheme. I understand that I may be asked for further information to support my application and I must respond accurately to these requests for further information in order for my application to be assessed.

### AND

I consent to the Department collecting, using, storing and disclosing my personal information and health information (including my sensitive information) provided in this document for the purpose of supporting my application for the Historical Forced Adoptions Redress Scheme:

### AND

(Only tick one box)

I consent to the Department providing this signed consent form to other government and non-government agencies and organisations and collecting and sharing records containing my personal or health information for the purposes of supporting my Historical Forced Adoptions Redress Scheme application only.

### OR

I do not consent to the collection or sharing of records containing my personal or health information. I will instead provide the necessary records to the Department myself.

Name of Applicant:

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Signature of Applicant:

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Date:

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*Must be signed by the applicant, not a Nominated Support Person or representative of a Nominated Support*

## What to do next

Once you have provided as much information as you can, please send your draft application form to the scheme:

**By email:** [forcedadoptions.redress@justice.vic.gov.au](mailto:forcedadoptions.redress@justice.vic.gov.au)

**Or by post:** Historical Forced Adoptions Redress Scheme  
Department of Justice and Community Safety  
PO Box 18217  
Collins Street East VIC 8003

Our support team will contact you to confirm your application has been received.

They will talk you through the next steps of the application process and discuss any further information that may be required. They will also assist you to access any documents for your application.

## Document checklist

To submit an application, please ensure you have signed your application form (on the previous page) and included the following documents:

- Two forms of identification (one must show your date of birth)
- Name change documentation (if you have had a legal name change)
- A photo of you holding one form of identification
- Nomination of Support Person form (if applicable)
- Any records you hold and wish to provide in support of your application (optional)

## Privacy policies

## Privacy principles contained in the Privacy and Data Protection Act 2014 (VIC)

### Health information

- a. information or an opinion about—
  - i. the physical, mental or psychological health (at any time) of an individual; or
  - ii. a disability (at any time) of an individual; or
  - iii. an individual's expressed wishes about the future provision of health services to him or her; or
  - iv. a health service provided, or to be provided, to an individual— that is also personal information; or
- b. other personal information collected to provide, or in providing, a health service; or
- c. other personal information about an individual collected in connection with the donation, or intended donation, by the individual of his or her body parts, organs or body substances; or
- d. other personal information that is genetic information about an individual in a form which is or could be predictive of the health (at any time) of the individual or of any of his or her descendants.

### Personal Information

Information or an opinion (including information or an opinion forming part of a database), that is recorded in any form and whether true or not, about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion, but does not include information of a kind to which the *Health Records Act 2001* applies.

### Sensitive information

Information about an individual's race, ethnicity, political opinions, religious or philosophical beliefs, sexual preferences or practices, criminal record, or membership of a trade union or professional, political or trade associations.



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