

**[Draft Only  
Confidential]**

**Servite Order Reparation Framework  
Application and Statutory Declaration**

WESTERN AUSTRALIA

OATHS, AFFIDAVITS AND STATUTORY DECLARATIONS ACT 2005

STATUTORY DECLARATION

I, ..... of ..... in the state of Western  
(name) (address)

Australia, ....., sincerely declare as follows:  
(occupation)

1. I annex to this statutory declaration my Servite Reparation Framework Application Form.
2. I confirm that all the information I have provided in the attached Servite Reparation Framework Application Form is true to the best of my knowledge and belief.

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005* on the ..... day of ..... 20.....

Declared at ..... in the )  
(location) )  
State of Western Australia )

\_\_\_\_\_  
Deponent's Signature

In the presence of: )  
)

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Print name of witness

\_\_\_\_\_  
Qualification of witness

## SERVITE ORDER REPARATION FRAMEWORK APPLICATION FORM

<b>Your Personal Information</b>		
1.	Title (circle)	Mr Mrs Ms Dr Other: .....
2.	First name	
3.	Middle name/s (if any)	
4.	Surname	
5.	Prior names (if any)	
6.	Gender (circle)	Male                  Female                  Not specified
7.	Address	
		Number & street name
		Suburb / State / Postcode / Country
8.	Phone contact	
9.	Email contact	
10.	Date of Birth	
11.	Preferred contact method (circle)	Phone                  Email
12.	Preferred contact times (circle)	am                  pm
<b>Contact Person (if not you)</b>		
13.	Title	Mr Mrs Ms Dr Other: .....
14.	First name	
15.	Middle name/s (if any)	
16.	Surname	
17.	Address	
		Number & street name
		Suburb / State / Postcode / Country
18.	Phone contact	
19.	Email contact	
20.	Preferred contact method (circle)	Phone                  Email
21.	Preferred contact times (circle)	am                  pm

**Child Sexual Abuse Details**

22.	Your age at time of abuse	
23.	Date/s & periods of abuse	
24.	Authority / Entity you attended with at time of abuse	
25.	Location/s of abuse (e.g. school, church, camp)	
26.	Accused person/s	
27.	Relationship of Accused to the Authority / Entity (e.g. Friar, teacher)	
28.	To date have you reported the abuse to anyone? (please circle)	Police                  School                  Other.....
29.	Do you want us to report the abuse to the Police? (please circle)	Yes                          No
30.	Name and contact details of any person who could support your application	(Name)
		(Address)
		(Phone)
31.		
32.	<p>To enable the Panel to make a fair and reasonable Determination, you will need to provide a detailed account of what happened to you.</p> <p>This may be very difficult for some Applicants and we suggest you use a support person to assist you. The Administrator can help you find a support person, if necessary.</p>	





	Medically diagnosed Post Traumatic Stress Disorder (PTSD)	
	Anxiety or depression or other psychological harm	
	Attempted suicide, suicidal ideology or self harm	
	Relationship / family / marriage breakdown	
	Inability to establish intimate relationships and show affection	
	Sexual dysfunction	
	Confusion over sexuality	
	Inability to socialise and withdrawn from society	
	Compromised sense of self-worth	
	Deep feelings of guilt, shame and responsibility for the offence	
	Confusion over sexuality	
	Unable to trust	
	Feelings of betrayal	
	Drug and alcohol dependency / abuse	
	Criminal history	
	Aggression, anger management issues	
	Parenting issues	
	Fear of being institutionalised in an aged care facility	
	Claustrophobia or other phobias as a consequence of being confined	
	Diagnosis of HIB / AIDS	
	Diagnosed rectal / abdominal / bowel complications	
	Compromised health due to neglect and poor hygiene (eyes, teeth, hearing)	
	Poor learning skills	
	Inability to communicate effectively	
	Long periods of unemployment	
	Homelessness	
	Loss of faith	
	Anger towards the institution	
	Other	





Other Information Relevant to Application					
35.	If you have previously submitted a statement to the Servite Order, Catholic Church, WA Police or Redress WA, please attach copies of the documents to this application and mark this section 'see attached'				
36.	Have you received any prior payment for the abuse? (please circle)			Yes	No
37.	Details of prior compensation				
38.	Party from whom payment received				
39.	Date of payment				
40.	Amount of payment				
41.	Reason for payment	Ex gratia payment			
		Criminal Injury Compensation			
		Other: .....			
42.	How was the payment recorded?	Deed of Settlement			
		Court Order			
What would you like from the Reparation Framework?					
43.	Select from the following	Personal meeting with .....			
		Apology – in person			
		Apology – in writing			
		Monetary reparation			
		Counselling			
		Other – describe what the Servite Order can do for you that will assist in your journey of healing: ..... ..... ..... .....			
Do you need immediate assistance? If yes, please answer the following questions.					
44.	Do you need?	Counselling	Yes	No	
		Medical assistance	Yes	No	
		Financial assistance	Yes	No	
		Other	Yes	No	
		Description of your other needs: .....			



**Attachments** (please list all attachments)

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

**SERVITE ORDER REPARATION FRAMEWORK**  
**AUTHORITY TO RELEASE INFORMATION**

**TO WHOM IT MAY CONCERN**

I,..... (DOB:.....)  
(full name)

**Hereby Authorise** you to release to **INSERT** of Western Australia, a copy of any documents/papers/other materials (in whatever format the same are held) that you hold relating to me.

The reasonable costs of you providing the documents/papers/other materials will be met by **INSERT.**

A photocopy of this Authority will be a good and valid authority.

Dated the .....day of .....20.....

Signed: .....