

# Western Australian Stolen Generations Redress Scheme

## Application Form

The WA Stolen Generations Redress Scheme (Scheme) is to support Aboriginal and Torres Strait Islander people who were removed as children from their families in Western Australia prior to 1 July 1972.

It will deliver individual payments of \$85,000 to eligible Stolen Generations survivors in recognition of the harm and trauma they experienced.

The Scheme was announced on 27 May 2025. It is being administered by the WA Department of the Premier and Cabinet (Department) and is governed by the WA Stolen Generations Redress Scheme Outline.

Please read the attached **Guidelines – How to make an Application**, before filling out this Form.



## Who can apply?

You can apply if you are an Aboriginal and/or Torres Strait Islander person who was removed from your family as a child before 1 July 1972, in Western Australia.

Applications can also be made on behalf of a person who passed away on or after the date the Scheme was announced, 27 May 2025.

You cannot apply for a person who passed away before 27 May 2025 when the Scheme was announced.

## Helping another person with the Scheme

If an Applicant has asked you to help them with their Application Form and talk to the Department on their behalf, you will need to sign up as their **Nominee** by completing the **Supported Applicant Form**. You can send the signed Supported Applicant Form in at the same time as this signed Application Form.

If you are applying for an Applicant under **Guardianship / Administration** orders or **Power of Attorney**, you will also need to complete the **Supported Applicant Form** in addition to this Application Form.

## Applying for a deceased person

To apply on behalf of **a person who passed away on or after 27 May 2025**, please contact the Department for a **Deceased Applicant Form**.

## How to fill out this Form

- Please fill out this Application Form to the best of your ability and **sign it**. It is OK if you do not know all the answers.
- It is a good idea to make a copy of your Application Form and keep it.
- Attach copies of any supporting documents you are including with your Application. Please do not send original documents. Supporting documents include:
  - Identification documents (see Question 17)
  - Bank statement (see Question 18)
  - (Optional) Documents about your removal (see Question 19)
- This Form asks you to provide personal information. Part Six of this Form sets out why we collect your personal information, what we will use it for and who it will be shared with. If you do not want to provide it, you do not have to. If you do not provide it, it may be hard for us to process your Application or make a payment.

## Sending in your Application Form

Once you have completed the Application Form as best you can, please **sign it, attach** your supporting documents, and **send it in**:

**By email:**

[WASG@dpc.wa.gov.au](mailto:WASG@dpc.wa.gov.au)

**OR By post:**

Stolen Generations Redress Scheme  
Dept of the Premier & Cabinet  
Reply Paid 84912  
WEST PERTH WA 6872

## Important information

Applying to this Scheme may bring up difficult memories and feelings.  
There is immediate 24-hour support if you need help.

**13YARN:** 13 92 76

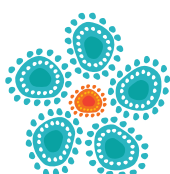
**Lifeline:** 13 11 14

**Beyond Blue:** 1300 224 636

**Suicide Call Back Service:** 1300 659 467

If you or someone you know is in immediate danger, please call 000.

## Support services – to help with your Application



### Yokai: Healing Our Spirit

(08) 6288 8123

Monday to Friday  
8.30am to 4.30pm

Email:

[Redress@yokai.com.au](mailto:Redress@yokai.com.au)

Office:

174 Treasure Rd,  
Queens Park 6107



### Kimberley Stolen Generations Aboriginal Corporation

1800 830 338

Monday to Friday  
8.00am to 4.30pm

Email:

[reception@ksgac.com.au](mailto:reception@ksgac.com.au)

Offices:

28 Barker Street, Broome 6725  
29 Hunter Street, Broome 6725  
5 Kentia Way, Kununurra 6743



### Yorgum Healing Services

1800 469 371

Monday to Friday  
9.00am to 5.00pm

Email:

[referrals@yorgum.org.au](mailto:referrals@yorgum.org.au)

Offices:

176 Wittenoom Street,  
East Perth 6004  
2A/4 Rason Link,  
South Hedland 6722  
42 Wilson St, Kalgoorlie 6432

### Other support services

Other support services may also be available. Please contact the Department for more information.

### You can also contact the Department for a confidential discussion about your Application:

Phone: **(08) 6552 5050** 9am-4:30pm Monday-Friday (excluding public holidays).

Please leave a message for a call back if you don't get through.

Email: **[WASG@dpc.wa.gov.au](mailto:WASG@dpc.wa.gov.au)**

**If you have specific accessibility requirements** (e.g., a visual, speech or hearing impairment, or need an interpreter) please contact the Department. You can use Question 5 of this Form to give more detail.



## Part One: Information about you

Office use only

This information is to identify you as the person applying under the Scheme.

### Supported Applicant Form

Please tick this box if a *Supported Applicant Form* has been completed for this Application, naming a Nominee or a person acting under a Guardianship / Administration order or Power of Attorney.

### Question 1: Your Name

Title:      Ms      Mrs      Mr      Miss      Mx      Dr      Other:

First name:

Middle name:

Surname:

Preferred name:

#### Have you ever been known by any other name?

For example, were you known by a different name before or after your removal?

Is there any other information that may help the Department find records about you?

This could be a nickname, an admission number, or a name given to you by an institution.

No      Yes      Please provide as much information as you can:



## Question 2: Birth date

If you are not sure, you can leave it blank  
or just write what you do know.

Day

Month

Year

## Question 3: Aboriginal and/or Torres Strait Islander Person

Which of these best describes you?

Aboriginal person

Torres Strait Islander

Aboriginal and Torres Strait Islander person

Other



## Part Two: Contact Information

### Question 4: Your contact details

Postal address:

Telephone number:

Email address:

Preferred way of communicating:

Phone

Email

Post

Contact my Nominee

(use the **Supported Applicant Form** to nominate a Nominee to speak to the Department for you)

Any other information about how the Department should contact you:

For example, if you have safety or privacy concerns, you might ask for letters to be sent in plain envelopes, or not to leave telephone messages.

### Question 5: Accessibility

Do you have any accessibility requirements the Department should know about in contacting you about your Application?

For example, a visual, speech or hearing impairment?

Do you need an interpreter?



## Question 6: If you are unwell

The Department will try to process all Applications as quickly as possible, but may prioritise some Applications based on urgency, for example people with serious health problems.

**Do you have any personal circumstances (for example a life-threatening illness) that the Department should consider?** If so, please provide brief details below.



## Part Three: Information about your experience

The information you provide about your experience of removal will assist the Department to process your Application.

**The Department recognises that providing this information may be difficult. There are support services available to help you – please see Page 3 of this Application Form.**

If you had more than one experience of removal, please provide as much detail as you can. If you are found eligible, you will receive **only one payment**.

### Question 7: Eligibility criteria

Please tick the boxes below to confirm you meet each of the Scheme's eligibility criteria

I am an Aboriginal and/or Torres Strait Islander person

I was removed from my family before 1 July 1972

I was in Western Australia at the time I was removed

I was younger than 18 years old when I was removed

If you are not sure if your experience was “removal”, please contact the Department or one of the Scheme support services.

### Question 8: Before your removal

If you know the names of any family members you lived with at your time of removal, please provide them here. For example your parents, grandparents, or other relatives.

*We understand that many people may not know their full family history and acknowledge this is a source of pain and trauma. Please share whatever you feel comfortable sharing.*





## Question 9: When were you removed?

Please write the date (or just the year) you were removed from your family

Day

Month

Year

If you don't know the specific date, please provide any details you can. Approximate dates are fine if that is what you know. If you left an institution and came back later, please write a date range. For example: "January – June 1958. Sometime in 1967, 1968 – 1971". If you are unsure of the year, you could tell us your age when you were removed instead. For example: 9-12 years old.

## Question 10: Where you were taken to

Please provide the **name of the place or places you were taken to**, for example a mission, school or other institution you were placed at.

Your answer could be the name you knew the institution by, the name of the organisation who operated it, or the name it was known by in the community.

**If you do not know the name of the place**, please provide any other information you are comfortable sharing that may help to identify where you were taken to – such as red brick building, nearby towns, the name of other children or adults who were there.



## Question 11: Details of your removal

The Department will work with other government departments or record-keeping agencies to find records about your removal.

If these records cannot be found, it may help if you can provide other details about when you were removed from your family. This is also an opportunity to tell us what happened to you in your own words.

**You do not have to share anything about your experience if you do not want to. You do not need to attach any records or documents if you do not want to.**

For example, you might remember some of the following information:

- did you spend time in a hospital, at a farm or station, at a workplace
- where you were taken from (eg home, hospital, train station, school)
- who took you away (eg police, government workers, Mission people)
- anyone who was with you when you were taken

**If you need more space, there is room at the end of the Application Form.**

**If you want, you can also attach any information, records or documents (including photos or other materials) to this Application Form (see Question 19).**



## Part Four: Planning for the future

### Question 12: Contact Person

Is there someone we can talk to about your Application in case we cannot reach you for any reason?

Contact Person's name:

Contact Person's relationship to you:

Contact Person's phone number:

Contact Person's email or postal address:

### Question 13: (Optional) Financial Counselling

There is a lot to think about when receiving a large payment.

Depending on your situation, the payment might impact some benefits you receive, such as aged care services. If you decide to give some money to other people, there may be impacts on them too.

**There are free, independent services that can help you with managing money, including:**

- Setting up a bank account
- Putting aside money for funerals
- Thinking about how to stop people humbugging you
- Thinking about how the payments might impact benefits you receive, or might impact other people if you decide to give them some of the money.

The Department strongly encourages all eligible Applicants to seek financial counselling before receiving their payment. If you are interested in learning more, **please tick one of the choices below:**

**If my Application is successful:**

I consent to the Department providing my contact details to a free, independent financial counselling service who may contact me about financial counselling before I receive a payment under the Scheme.

I would like the Department to contact me to talk about available options for financial counselling services before I receive a payment under the Scheme.



## Question 14: (Optional)

### Personal Acknowledgment from Government

If your Application is found eligible, you can choose to have a government representative give a Personal Acknowledgment of your experience.

The Acknowledgment could be:

- written in a formal letter, either with your active input or just based on the information the Department holds; or
- delivered in-person, where a senior government representative sits down with you (and a support person, if you wish) to talk about your experience; or
- delivered in a group setting, for example with a number of people who were all at the same institution (some people have said they prefer a group acknowledgment because they feel stronger and more comfortable being with other people who have had the same experiences).

**To help the Department with its planning, please let us know which type of Acknowledgment you think would be best for you. You can tick more than one, and you can change your mind later:**

**Written Acknowledgment**

**Individual in-person Acknowledgment**

**Group in-person Acknowledgment**

**No Personal Acknowledgment**

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If an Applicant passes away before the Application process is complete, the Department will continue progressing their Application. The information below will help the Department know who the payment should go to if the Applicant is found eligible.

## Question 15: Do you have a legal Will?

Yes      No      I'm not sure

If yes, please provide details of your Executor (the person who will administer your Will).

Executor's name (or company):

Executor's phone number:

Executor's email or postal address:



## Question 16: (Optional) Nominating a Beneficiary to receive payment

You can nominate a person you want to receive payment under this Scheme, if you were to pass away before the Application process is complete. You can do this even if you have a Will.

This person is called a **Beneficiary**.

If your Application is found eligible and you have not nominated a Beneficiary, the payment will be made to your estate if you pass away during the Application process. The payment will then be distributed according to your Will, or if you do not have a Will, according to the *Administration Act 1903* (WA).

**NOTE:** *The rules about tax are different for Beneficiaries who are not family members. Please contact the Department for information about free financial counselling services available.*

**If you want to nominate a Beneficiary, please enter their details in Question 16A: Single Beneficiary nomination and SIGN the declaration. You will need someone who is NOT the Beneficiary to witness your signature.**

**OR**

**If you want to nominate more than one Beneficiary, please fill out Question 16B: Multiple Beneficiaries nomination, and SIGN the declaration there.**

If you have any questions about this part of the Application Form, please contact the Department.



## Question 16A: Single Beneficiary nomination

### Declaration:

If I pass away during the Application process and if I am found eligible for the Scheme, I would like my Scheme payment paid to the person named as Beneficiary below.

Beneficiary's name:

Beneficiary's relationship to you:

Beneficiary's phone number:

Beneficiary's email or postal address:

### Name of Applicant:

Signature of Applicant:

Date:

### Name of Witness

(**CANNOT** be a nominated Beneficiary)

Signature of Witness:

Date:

**Note:** This part of the Application Form must be signed by the Applicant personally (not a Nominee) or their legally authorised Guardian, Administrator or Power of Attorney

OR

## Question 16B: Multiple Beneficiary nomination

If you want to nominate more than one Beneficiary, include a dollar amount (\$) under 'Share of payment' if you want to specify how much each Beneficiary will receive; or leave blank if you want the payment amount to be divided equally.

**IMPORTANT: The total must equal \$85,000.** If the sum does not add up to exactly \$85,000 the Department will exercise its discretion regarding the allocation of payments to each Beneficiary. This may delay the distribution of payments.

**Please enter the details below and SIGN the declaration. You will need someone who is NOT a nominated Beneficiary to witness your signature.**

**Declaration:** If I pass away during the Application process and if I am found eligible for the Scheme, I would like my Scheme payment paid to the persons named as my Beneficiaries below.

**Name of Applicant:**

**Signature of  
Applicant:**

**Date:**

**Name of Witness (CANNOT be a Beneficiary):**

**Signature of Witness:**

**Date:**

**Note:** This part of the Application Form must be signed by the Applicant personally (not a Nominee) or their legally authorised Guardian, Administrator or Power of Attorney

Name: Share of payment:

Relationship to you: Phone number:

Email or postal address:

Name: Share of payment:

Relationship to you: Phone number:

Email or postal address:

Name: Share of payment:

Relationship to you: Phone number:

Email or postal address:

Name: Share of payment:

Relationship to you: Phone number:

Email or postal address:

## Part Five: Supporting Information

### Question 17: Identification documents

You will need to attach a **copy of 2 types of identification** to this Application Form.

- At least one document must show your date of birth.
- You can provide a photocopy or take a photo or scan the documents. **Please do not send your original documents.**
- The copies do not need to be certified.
- If you have changed your name, you will need to attach a document showing this.
- You do not need to have any certificate or document showing you are Aboriginal. However, if do have a certificate like this, the Department will accept it as one of your identity documents.

Please tick which 2 documents you are providing:

Birth certificate	Bank statement
Driver's licence or learner's permit (copies of both front and back)	Tax assessment
Proof of Age Card	Firearm or marine licence
Health Care Card or other concession card (Veterans, Pensioner)	University or TAFE identification card
Medicare Card	Rental lease agreement
Passport	Utility bill (gas, water, electricity, phone)
	Working with Children Check Card

**If you are having trouble with your identity documents, please contact the Department or one of the Scheme support services.** The Department may approve alternative forms of identification in special circumstances.

### Question 18: Bank details

If you are found eligible under the Scheme, the Department will need your bank details.

**Please provide a copy of a recent bank statement** for the bank account you want the payment to be made into, if you are found eligible under the Scheme.

- If you can't do that now, that's OK – you can do it later in the process.
- You can cross out any information you don't want the Department to know about – the details the Department needs are your name, address, BSB and account number.
- The bank account should be in your name; if it is not, the Department will contact you to make sure it is the right account.
- If you do not have a bank account or need to set up a new account just for yourself, you can ask for help. Please contact the Department or one of the support services.

**I have attached a copy of my bank statement; OR**

**I will do this later in the process**





### **Question 19: (Optional)**

#### **Do you have copies of records relating to your removal?**

You can provide copies of records about your removal if you want to, but you do not need to.

Please list any documents you are attaching to this Application Form:



## Part Six: Privacy, Information Sharing and Document Verification Service

The following provides information on how the Department will collect, use, store and disclose your personal information. Part 7 will ask you to sign and declare your consent to sharing information as described in this Part 6 and in Part 7.

### Privacy statement

The Scheme is administered by the Department of the Premier and Cabinet (Department).

The Department will need to collect, use, store and disclose your personal information (including sensitive personal information) provided in this Application Form and from other sources, for the purposes of the WA Stolen Generations Redress Scheme, including:

- processing your Application
- confirming your identity, including through the Document Verification Service (DVS), and assessing your eligibility under the Scheme
- searching for and accessing records relevant to your Application
- providing support services to you, including through other organisations
- confirming bank details and making a payment, if your Application is successful
- developing and delivering a Personal Acknowledgement, if you choose to have one
- administering, reporting on, and evaluating the Scheme (noting this will not include information that identifies you in any public reports).

For the above purposes, the Department may need to share information about you with agencies both within and outside of Western Australia and may also collect information from these agencies about you. These may be State, Territory or Commonwealth departments or agencies, organisations outside of government, or commercial businesses. One of these is the national DVS, managed by the Commonwealth. The Department will be using a third-party service known as a Gateway Service Provider to help verify identity. They are approved by the Commonwealth to access the DVS to confirm your identity document – you can get more information about the DVS and how it works at [www.idmatch.gov.au](http://www.idmatch.gov.au).

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

The Department acknowledges the sensitivity and confidentiality of this information, and will treat the information you provide, and the information it collects about you in accordance with any obligations it has under the Privacy and Responsible Information Sharing Act 2024, as well as in accordance with the Privacy Position and any Privacy Policy in effect at the time. The current Privacy Position can be found at <https://www.wa.gov.au/organisation/departments-of-the-premier-and-cabinet/stolen-generations-redress-scheme>. It sets out more information about how the Department collects, uses, stores and discloses your personal information including how you can access and seek correction of your information and what your rights are in relation to your information.



## Consent to information sharing

In the next Part [7], you are being asked to give your permission for other people and organisations to share information and records about you with the Department, and for the Department to share your information with other people and organisations.

The Department may search for information related to your experience of removal held by State and Commonwealth agencies, or organisations outside of government, which may include government-funded, private sector and not-for-profit organisations (including community-controlled organisations, Churches or organisations that administered Missions or orphanages both within and outside of WA). This may include applications you may have made to the National Redress Scheme or in relation to a Stolen Wages Class Action Settlement.

The Department will securely hold any records or information it receives as part of these searches and will only use or share them for the purposes of the Scheme.

If you appoint a person to receive and collect information relating to your Application on your behalf (Nominee) you also consent to the Department sharing your personal information with your Nominee for the purposes of progressing and determining your Application.

The Department asks you to tick the box and sign your consent in the next Part [7], to show you agree with the Department doing the things described above, including in the Privacy Statement.

You do not need to provide your consent. However, if you do not, the Department may not be able to process your Application or make payment.

Information on how to make a complaint relating to the collection, use and disclosure of your personal information (including sensitive personal information) for the above purposes can be found in the Department's current Privacy Position at <https://www.wa.gov.au/organisation/departments-of-the-premier-and-cabinet/stolen-generations-redress-scheme>.



## Part Seven: Declaration and consent

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.

By signing at the bottom of this Part 7, I declare and consent as follows:

**I confirm** that:

- the information I have provided to the Department for my Application under the WA Stolen Generations Redress Scheme is true and correct to the best of my knowledge;
- I understand that it may be a criminal offence if I provide false or misleading information so that I can obtain a payment;
- I reasonably believe that I meet the eligibility criteria for this Scheme; and
- I may be asked for further information to support my Application and I must respond accurately to these requests in order for my Application to be assessed.

**AND**


**I consent** to and authorise the Department collecting, using, recording, storing and disclosing my personal information (including my sensitive information and including, where applicable, protected information under the *National Redress Scheme for Institutional Child Sexual Abuse Act 2018* (Cth) and information for the purposes of section 237 of the *Children and Community Services Act 2004* (WA)), whether provided in this Application Form or otherwise obtained by the Department, for the purpose of progressing my Application under the WA Stolen Generations Redress Scheme, including for:

- processing my Application;
- confirming my identity (including checking my identity documents with the document issuer or official record holder via third party systems) and assessing my eligibility;
- searching for and accessing records relevant to my Application;
- confirming bank details and making a payment, if my Application is successful;
- providing support services to me, including through other organisations;
- developing and delivering a Personal Acknowledgement, if I choose to have one; or
- administering, reporting on, and evaluating the Scheme (noting this will not include information that identifies me in any public reports).

**AND**

**I consent** to and authorise the Department, for the above purposes, collecting my personal information (including my sensitive information and including protected information under the *National Redress Scheme for Institutional Child Sexual Abuse Act 2018* (Cth) and information for the purposes of section 237 of the *Children and Community Services Act 2004* (WA)) from, and disclosing my personal information to:

- government departments and agencies (including State, Territory and Commonwealth governments), including the National Redress Scheme;
- non-government organisations that may hold my information (for example, religious institutions);
- organisations and businesses involved in the delivery of the Scheme (such as identity verification services, financial services, or support service providers contracted by the WA Government);

- 
- senior government representatives who may be involved in providing a Personal Acknowledgment to me, if requested;
  - Ministers and their staff responsible for Aboriginal Affairs who may be involved in providing a Personal Acknowledgement to me, if requested; and
  - my Nominee or a person acting under a valid and applicable Power of Attorney or Guardianship/ Administration orders;

**AND**

I consent to and authorise the persons and bodies listed above disclosing information about me to the Department for the same purposes, and to the Department showing them this consent form.

**AND**

**PLEASE TICK THE BOX BELOW IF YOU AGREE**

**I confirm** that I am authorised to provide the personal details presented **and I consent** to my information being checked with the document issuer or official record holder via third party systems for the purposes of confirming my identity.

**Name of Applicant:**

**Signature of  
Applicant:**

Date:

*Must be signed by the Applicant personally (not a Nominee) or their legally authorised Guardian, Administrator or Power of Attorney.*

**This is the end of the Application Form.**

**Please make sure you have signed it.**

**The next pages have more space for you to write additional information if you want to.**



## Document Checklist

Please use this checklist to make sure you have included documents the Department will need for your Application:

**Two** forms of identification (at least one needs to show your date of birth) – Question 17

Name change documentation (if you have legally changed your name)

Recent bank statement for the account a payment may be made into if your Application is successful (needs to show your name, address, BSB, and account number) – Question 18

(Optional) Documents about your removal – Question 19

Supported Applicant Form (if you are appointing a Nominee to speak to the Department for you about your Application or if you are making an Application on behalf of someone as a Legal Guardian, Administrator or Power of Attorney)

**You can still submit this Application if you do not have all of these documents.  
Please contact the Department if you have any problems or questions.**

## Sending in your Application Form

**Once you have completed the Application Form as best you can, please sign it, attach your supporting documents, and send it in:**

**By email:** [WASG@dpc.wa.gov.au](mailto:WASG@dpc.wa.gov.au)

OR

**By post:** Stolen Generations Redress Scheme  
Dept of the Premier & Cabinet  
Reply Paid 84912  
WEST PERTH WA 6872

## Complaints

Any complaints about the implementation of the Scheme will be managed in accordance with the Department's applicable policies and procedures. Please contact the Department for further information:

**Phone: (08) 6552 5050 9am-4:30pm Monday-Friday (excluding public holidays).  
Please leave a message for a call back if you don't get through.**

**Email:** [WASG@dpc.wa.gov.au](mailto:WASG@dpc.wa.gov.au)



## More space for additional information

More space for additional information.

