



# Western Australian **Stolen Generations Redress Scheme**

## Supported Applicant Form

### **Please use this Form if:**

- you are a Nominee supporting an Applicant with their Application – please read the information below and complete **Section A: Nominee;**
- you are completing an application on behalf of an Applicant, under Guardianship/ Administration orders or a Power of Attorney – please complete **Section B: Power of Attorney, Guardianship and Administration.**

### **If using Section A, it needs to be signed by:**

- the Applicant and witnessed by someone who is not their Nominee; and
- the Nominee and witnessed by someone who is not the Applicant.

### **If using Section B, it needs to be signed by**

- a Power of Attorney, Legal Guardian or Administrator: and
- a witness (cannot be the Applicant).

**The Power of Attorney or Legal Guardian or Administrator must provide current and valid documentation authorising them to act on behalf of the Applicant.**

**Please read Section C of this Form before signing.** This Form will ask you to provide personal information. Section C 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 personal information, you do not have to. If you do not provide it, the Department of the Premier and Cabinet (Department) might not be able to process your involvement as a Nominee, Power of Attorney or Legal Guardian or Administrator, or it may be hard for us to process the Application.



## Information about Nominees

### What is a Nominee?

A Nominee is someone an Applicant willingly chooses to help them in relation to an Application to the WA Stolen Generations Redress Scheme (Scheme).

The Nominee is authorised by the Applicant when both the Applicant and the Nominee complete this Form and send it to the Department.

A Nominee needs to be aged 18 years or older, and could be a family member, community member, or an organisation that the Applicant trusts.

### Can an organisation be a Nominee?

Yes. A Nominee can be either a person or an organisation.

If an Applicant chooses an organisation to be their Nominee, any person at that organisation can do what a Nominee can do. The Applicant can name a specific person at the organisation that they want to be the main contact person, and the Department will approach them first, but may speak to other people at the organisation if they are not available.

For an organisation to become a Nominee, the Supported Application Form needs to be signed by someone with the authority to sign documents on behalf of the organisation.

### What can a Nominee do?

A Nominee can:

- help an Applicant complete their Application Form, but the Applicant has to sign the Form;
- talk to the Department about an Applicant's Application Form, including
  - receive information about the Application from the Department (phone calls, emails, letters, etc);
  - give information to the Department about the Application;
  - ask the Department questions about the Application;
- send in the Application once the Applicant has signed it.

An Applicant can still contact the Department and receive information about their Application even if they have a Nominee.

### What CAN'T a Nominee do?

A Nominee **cannot**:

- sign an Application for an Applicant;
- make decisions about an Application on behalf of an Applicant. For example, a Nominee cannot decide to withdraw the Application;
- receive any payment from the Scheme, as any Scheme payments will be made to the Applicant personally;
- ask or demand any money from the Applicant as payment for helping them.



## What happens if something changes?

At any time, an Applicant can:

- remove a Nominee by telling the Department they do not want the person to be their Nominee anymore; and
- if they want a new Nominee, fill out a new Supported Applicant Form and send it to the Department.

Similarly, if the Nominee no longer can or wants to be the Nominee, they can stop at any time. They should tell both the Department and the Applicant.

A Nominee cannot act on behalf of an Applicant if the Applicant:

- no longer has the mental capacity to engage with the Scheme or make decisions about their Application;
- passes away; or
- has a Power of Attorney or Legal Guardian or Administrator appointed to act on their behalf.

If a Nominee becomes aware that the Applicant passes away or that a Power of Attorney, Legal Guardian or Administrator has been appointed for the Applicant, they are required to inform the Department straight away.

The Department may then contact the Applicant's Power of Attorney, Legal Guardian, Administrator, or Contact Person, depending on the circumstances, in relation to their Application.

## What ID does a Nominee need to provide?

An individual Nominee needs to provide at least 1 type of ID included on the list below; Nominee organisations do not need to provide any additional documentation:

- Birth certificate
- Driver's licence or learner's permit (copies of both front and back))
- Proof of Age Card
- Health Care Card or other concession card (Veterans, Pensioner, etc.)
- Medicare Card
- Passport

**If a Nominee has any trouble with their identity document, they can contact the Department or one of the Scheme support services.** The Department may approve alternative forms of identification in special circumstances.

## Need help?

If you have any questions or need help to fill out this Form, please contact the Department on (08) 6552 5050 or by email at [WASG@dpc.wa.gov.au](mailto:WASG@dpc.wa.gov.au).



## Section A: Nominee

Please make sure you read **Section C** of this Form before signing the Declaration and Consent

### Part One: Applicant Declaration and Consent

In this section, the person who was removed as a child (the Applicant) is giving their permission for the Nominee to talk with the Department on their behalf. More information about what Nominees can and cannot do is set out at the beginning of this Form.

#### Applicant consent

By signing at the bottom of this **Section A: Part 1**, I, the Applicant named below, choose the person / organisation named at **Section A: Part 2** of this Form to be my Nominee in relation to my Application to the WA Stolen Generations Redress Scheme, and:

- I authorise this individual / organisation, including any of its officers or employees (as applicable) to:
  - help me complete, but not sign, the Application Form; and
  - communicate with, provide information (including my personal information) to, and receive information from, the Department in relation to my Application.
- I understand the Department may rely on information given by my Nominee when making decisions about my Application.
- When the Department wants to talk about my Application, I want the Department to:
  - ☐ contact me first      ☐ contact us both at the same time
  - ☐ contact my Nominee first
- I understand my Nominee will no longer be authorised to deal with my Application if:
  - I choose to remove them as my Nominee by contacting the Department;
  - they choose to stop being my Nominee by contacting myself and the Department;
  - I pass away; or
  - I no longer have the mental capacity to engage with the Scheme or make decisions about my Application, or a Power of Attorney, Guardian or Administrator is appointed for me.
- I understand I can remove my Nominee at any time, and if I do I can appoint a new Nominee if I want to. I know I will need to contact the Department to remove the current Nominee and fill out a new Supported Applicant Form to appoint a new Nominee.
- I understand that it may be a criminal offence if I provide false or misleading information so that someone can obtain a payment, and declare that to the best of my knowledge all of the information I have provided in this Form is true and correct;

- I acknowledge that I have read, understand, and consent to the provisions in Section C Privacy, Information Sharing, Document Verification Services and Consent of this Supported Applicant 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.

Applicant Name:			
Applicant Signature:		Date:	
Postal Address:			
Suburb:		Phone:	
State:	Postcode:		
Witness Name (CANNOT be the Nominee)			
Witness Signature:		Date:	

## Part Two: Nominee Information

### 2.1 Nominee Details

If the Nominee is an organisation	
Organisation Name:	
Preferred Contact Person (if any):	
If the Nominee is an individual	
Relationship to Applicant: e.g. friend or family member	
Title:      Ms      Mrs      Mr      Miss      Mx      Dr      Other:	
First name:	
Surname:	
Middle name:	
For all Nominees	
Postal address:	
Telephone number:	
Email address:	
Preferred way of communicating:	Phone      Email      Post
<b>Any other information about how the Department should contact you?</b> For example, if there are safety or privacy concerns, you might ask for letters to be sent in plain envelopes, or not to leave telephone messages.	
<b>Accessibility</b> Do you have any accessibility requirements? For example, a visual, speech, or hearing impairment? Do you need an interpreter?	



## Part Three: Nominee Declaration and Consent

I have attached a copy of 1 identification document from the list on page 3 of this Form.

By signing at the bottom of this **Section A: Part 3**, I, the Nominee named above in **Section A: Part 2** declare:

- I consent and agree to be the Nominee for the Applicant named in **Section A: Part 1** of this Form;
- I believe that the Applicant has willingly chosen me to be their Nominee, acting under their own free will without pressure or threats from any other person;
- I understand that I will no longer be authorised to act as the Applicant's Nominee if:
  - the Applicant removes me as their Nominee or I decide to stop being their Nominee;
  - the Applicant passes away, no longer has the mental capacity to engage with the Scheme or make decisions about their Application, or has a Power of Attorney, or Legal Guardian or Administrator appointed to act on their behalf;
- I will let the Department know if any change in circumstances impacts my ability to support the Applicant, including if:
  - the Applicant tells me they no longer want me as their Nominee;
  - the Applicant passes away, no longer has the mental capacity to engage with the Scheme or make decisions about their Application, or has a Power of Attorney, or Legal Guardian or Administrator appointed to act on their behalf; or
  - I am no longer willing or able to be their Nominee;
- I agree to:
  - help the Applicant complete the WA Stolen Generations Redress Scheme Application Form, **but not sign it myself**;
  - communicate with, provide information to, and receive information from, the Department as and when requested by the Applicant in relation to their Application; and
  - give information from the Department to the Applicant accurately and as soon as I can;
- I have no conflicts of interest that would or will prevent me from being the Applicant's Nominee or acting in their best interests in relation to their Application;
- I understand that being the Applicant's Nominee does not entitle me to any remuneration or benefit from the Applicant or the Department;
- I understand that it may be a criminal offence if I provide false or misleading information so that someone can obtain a payment and declare that, to the best of my knowledge, all of the information I have provided in this Form is true and correct;

- I acknowledge that I have read, understand, and consent to the provisions in Section C Privacy, Information Sharing, Document Verification Services and Consent of this Supported Applicant 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 Nominee/ Org Representative:			
Signature of Nominee OR Org Representative:		Date:	
Witness Name (CANNOT be the Nominee)			
Witness Signature:		Date:	



## Section B: Power of Attorney, Guardianship and Administration

**Please make sure you read Section C of this Form before signing the Declaration and Consent.**

**Note:** If you are authorised to act on behalf of someone who may be eligible under this Scheme, whether under a valid Power of Attorney or Guardianship or Administration orders, you must attach evidence of this arrangement to this Supported Applicant Form.

The Department will need to be satisfied that the legal arrangement is valid and current, and that it authorises you to apply to the Scheme on the Applicant's behalf.

### Part One: Power of Attorney or Guardian or Administrator Details

<b>Organisation Name (if applicable):</b>							
Title:	Ms	Mrs	Mr	Miss	Mx	Dr	Other:
First name:							
Middle name:							
Surname:							
Preferred name:							

<b>Contact Details:</b>			
Postal address:			
Telephone number:			
Email address:			
Preferred way of communicating	Phone	Email	Post
<b>Accessibility</b> Do you have any accessibility requirements the Department should know about in contacting you about the Application? For example, a visual, speech, or hearing impairment? Do you need an interpreter?			

## Part Two: Power of Attorney or Guardian/Administrator Declaration and Consent

I have attached a copy of the documentation that authorises me to act on behalf of the Applicant (Power of Attorney or Guardianship or Administration).

I have attached a copy of 1 identification document from the list on page 3 of this Form.

### Declaration

By signing at the bottom of this **Section B Part 2**, I declare that:

- The attached documentation is current and valid, and it legally authorises me to act on behalf of, and make decisions for, the Applicant in relation to the Scheme;
- I will let the Department know if any change in circumstances impacts my ability to act for the Applicant (for example, if I hold a Power of Attorney that is not an Enduring Power of Attorney, I will lose my ability to act for the Applicant if they become incapacitated);
- I have no conflicts of interest that would or will prevent me from acting in the best interests of the Applicant in relation to their Application;
- I understand that it may be a criminal offence if I provide false or misleading information so that someone can obtain a payment and declare that, to the best of my knowledge, all of the information I have provided in this Form is true and correct;
- I acknowledge that I have read, understand, and consent to the provisions in Section C Privacy, Information Sharing, Document Verification Services and Consent of this Supported Application 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 Power of Attorney / Guardian/ Administrator:			
Signature of Power of Attorney / Guardian / Administrator:		Date:	
Witness Name (CANNOT be the Applicant)			
Witness Signature:		Date:	



## Section C: Privacy, Information Sharing, Document Verification Service and Consent

### Privacy statement

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

The Department will need to collect, use, store and disclose your personal information provided in this Form for the purposes of the WA Stolen Generations Redress Scheme, which may include:

- checking your identity (including checking your identity documents with the document issuer or official record holder via third party systems, including through the Document Verification Service (DVS);
- confirming your authority to act as a Nominee or under a Power of Attorney or Guardianship or Administration orders;
- communicating with you about the Applicant you are supporting, and their Application;
- 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).

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

As part of completing the Supported Applicant Form, you are being asked to give permission for the Department to share your information with other people and organisations as outlined above.

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.

You do not have to consent to the above, but if you do not consent, the Department may not be able to process your involvement as a Nominee, Power of Attorney, Legal Guardian or Administrator.

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 here <https://www.wa.gov.au/organisation/departments-of-the-premier-and-cabinet/stolen-generations-redress-scheme>.

**By signing the Nominee Declaration and Consent or Power of Attorney or Guardian/Administrator Declaration and Consent (as applicable) in the Supported Applicant Form, you are consenting to and authorising:**

- the Department collecting, using, storing and disclosing your personal information, whether provided in this Supported Applicant Form or otherwise obtained by the Department, for the purposes of the Scheme, including for the purposes outlined in the Privacy Statement above;
- the Department, for the purposes of the Scheme, collecting your personal information from, and disclosing your personal information to: government departments and agencies (including State, Territory and Commonwealth governments), organisations and businesses involved in the delivery of the Scheme (such as identity verification services), ministers' offices and public servants, and the person who has appointed you; and
- the persons and bodies listed above disclosing information about you to the Department for the same purposes

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