



**Confidential**

# **The Servite Response**

## **Application and Statutory Declaration**



## **Servite Response Application Form**

The Servite Order seeks to acknowledge harm done to people who experienced sexual abuse whilst in the care of the Servite Order or a Related Party. The Servite Response was created for the purpose of promoting healing for victims of sexual abuse by offering counselling support, a direct personal response, a monetary reparation payment and the funding of independent legal advice for the Application process if required.

To apply for reparation, a written application is completed by the person wishing to make a claim for the harm they have experienced.

### **What you need to do**

Complete all sections of this form.

It is advisable that you have any reports to support your claim ready to submit with your application form as this will ensure your application is processed as quickly as possible.

### **Important information**

The mandatory reporting laws may require the reporting of the sexual abuse to the Police.

### **Confidentiality**

The information you provide is confidential to the Servite Response. It will only be dealt with in accordance with the Servite Response Privacy Policy

### **IF YOU NEED HELP**

If you have difficulty answering some of the questions, you can ask someone you trust to assist you to write your responses.

If you are not comfortable doing this and would like someone to help you complete this form, please contact the Administrator on telephone number 0435 673 238.



## Your Personal Information

Please use **CAPITAL** letters only

1.	Title (circle)	Mr	Mrs	Ms	Other
2.	Surname or Family name				
3.	First or given name				
4.	Middle name/s (if any)				
5.	Prior names (if any e.g. name change due to marriage, change of name by deed poll)				
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		

## Contact Person Information (if you want someone else to speak for you)

13.	Title (circle)	Mr	Mrs	Ms	Other
14.	Surname or family name				
15.	First or given name				
16.	Middle name/s (if any)				
17.	Address				
		Number & street name			
		Suburb / State / Postcode / Country			
18.	Phone contact				
19.	Email contact				







<b>Other Information</b>						
30.	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'					
31.	Have you received any prior payment for the abuse? (please circle)	Yes	No			
32.	Details of prior compensation					
33.	Party from whom payment received					
34.	Date of payment					
35.	Amount of payment					
36.	Reason for payment	Ex gratia payment				
		Criminal Injury Compensation				
		Other				
37.	How was the payment recorded?	Deed of Settlement	Date:			
		Court Order	Date:			
		Other	Date:			
<b>What would you like from The Servite Order?</b>						
38.	Select from the following	Personal meeting	Yes	No		
		Apology – in person	Yes	No		
		Apology – in writing	Yes	No		
		Monetary reparation	Yes	No		
		Counselling	Yes	No		
		Other (if not specified above)				
<b>Do you need immediate help?</b>						
39.	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.		



**THE SERVITE RESPONSE**  
**AUTHORITY TO RELEASE INFORMATION**

**TO WHOM IT MAY CONCERN**

I.....

(full name)

(Date of Birth ...../...../.....)

(Day / Month / Year)

Of .....

(address)

**Hereby Authorise** you to release to the Administrator of The Servite Response a copy of any communications, reports, assessments or other records (in whatever format the same are held) that you hold relating to me in any way.

The above materials can be sent by post to PO Box 287, Morley, Western Australia, 6943, or by email to [admin@servite.org.au](mailto:admin@servite.org.au)

The reasonable costs of you providing the materials will be met by the Servite Order on presentation of an original receipt for each cost incurred.

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

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

.....

Signed

.....

Print name





WESTERN AUSTRALIA

OATHS, AFFIDAVITS AND STATUTORY DECLARATIONS ACT 2005

STATUTORY DECLARATION

I,.....  
(Name)

of .....in the state of Western Australia,  
(Address)

.....,  
(occupation)

sincerely declare as follows.

1. I annex to this statutory declaration my 'The Servite Response Application Form'.
2. I confirm that all the information I have provided in the attached 'The Servite Response 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 ..... )  
(location) )  
in the State of Western Australia: )

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

In the presence of: )

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

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

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