

Application for Forde Redress record

Complete this form to apply for administrative access to particular documents held on your Forde Redress file and the Forde Redress database, including:

- a summary that shows:
 - relevant institution names
 - admission and discharge dates
 - eligible days in out of home care placements
 - notes about whether each placement was verified against the department's records and whether abuse or neglect occurred in the placement (as determined by the Forde Redress panel), including harm categories and consequences
- copies of your original application
- letters confirming the direct credit payment received and level of payment
- letters specifying the outcome of your application
- release, discharge and indemnity.

Administrative access is only available to the person to whom the Forde Redress record relates or their authorised representative.

Privacy notice: The Department of Children, Youth Justice and Multicultural Affairs is collecting your personal information to assess and manage your application for your Forde Redress record. The Department will manage your personal information in accordance with the *Information Privacy Act 2009*.

Applicant's details			
First name:		Middle name/s:	
Family name:		Date of birth:	
Other names used in care or at the time of your Forde Redress application:			
RSC Number (if known):			
Applicant's authorised representative's details (complete only as relevant)			
First name:		Family name:	
Organisation:			
Address:			
In what capacity are you authorised to act for the applicant?	<input type="checkbox"/> Legal representative <input type="checkbox"/> Support service <input type="checkbox"/> Friend/relative <input type="checkbox"/> Other (please specify): _____		
If a representative is acting for the applicant, evidence of their authority to act, as well as evidence of their identity, must be forwarded along with this form (identity requirements are the same as for the applicant as detailed overleaf).			

How would you like to receive your Forde Redress record? <i>Please select one option only</i>	<input type="checkbox"/> Secure email	
	Email address:	
	<input type="checkbox"/> Registered post	
	Postal address:	
	<input type="checkbox"/> Collect from Brisbane CBD (111 George Street)	
	<input type="checkbox"/> Collect from local area office:	
	Please specify which office/ locality:	
How would you like us to communicate with you about your request? <i>Select all that apply</i>	<input type="checkbox"/> Email	
	Email address: <i>If same as above, write 'as above'</i>	
	<input type="checkbox"/> Phone	
	Contact number 1:	
	Contact number 2:	
	<input type="checkbox"/> Mail	
	Postal address: <i>If same as above, write 'as above'</i>	
Evidence of identity: <i>Contact us on (07) 3097 5605 or freecall 1800 809 078 if you are finding it difficult to provide evidence of your identity</i>	<input type="checkbox"/> Original certified copy of identity document enclosed Post a <u>certified</u> copy of your driver's licence, passport, birth certificate, proof of age card or other identity document along with this completed form to: <p style="text-align: center;"> Right to Information, Information Privacy and Redress Department of Children, Youth Justice and Multicultural Affairs Locked Bag 3405 BRISBANE QLD 4001 </p> <u>Certified</u> means certified by a justice of the peace, commissioner for declarations or lawyer as a true copy of the original document. Send the copy which has the original stamp or signature of the person who certified the document.	
	<input type="checkbox"/> Statutory declaration A statutory declaration completed by someone who has known you for two or more years, which says that you are the person named as the applicant.	

Evidence of identity (cont'd): <i>Contact us on (07) 3097 5605 or freecall 1800 809 078 if you are finding it difficult to provide evidence of your identity</i>	<input type="checkbox"/> Evidence of identity sighted by departmental officer
	Date:
	Signature:
	Position title:
	Region/business area:
Applicant's signature (or signature of authorised representative)	
Date:	