# Application for Redress

## What is redress?

Redress means to remedy, set right and/or compensate. The Methodist Church of New Zealand Te Hāhi Weteriana o Aotearoa seeks to firstly acknowledge harm done to people who experienced abuse while in the care of a Methodist institution/entity, then actively engage in steps to ‘set right’ the experience.

## What redress is available?

1. A direct personal response from the institution responsible for the abuse.
2. Access to counselling and psychological care.
3. Assistance if required to report abuse to the Police.
4. An ex gratia payment.
5. Third party support throughout the process

## Information and help

You can find more information about the scheme at   
<https://www.methodist.org.nz/tangata/wellness-and-safety/breaking-the-silence-on-historical-abuse/>

## Help through the process

You will be given an independent Coordinator who will meet with you, assist you with the process and also advise you on support services that are available. You may also have a support person of your choice with you throughout the process.

## Eligibility for the scheme

* You were in the care of a Methodist Church institution
* The Methodist Church institution was responsible for bringing you into contact with the person who abused you.

If you experienced more than one abuse situation please use the same application form to write about each institution where you experienced abuse.

If you were in the care of the State at the time the abuse occurred the Coordinator will discuss with you your option of seeking address through the government process.

## The use of your information

## Privacy notice

Your information is protected by law, including the Privacy Act 2020. The information is collected to administer the scheme and to assess your application for redress.

## Information sharing

We will seek your consent before we share any of your information with others parties.

Where there is reason to believe that there may be a current risk to children, the Church will contact you to let you know there is a need to report the abuse to the Police or another relevant statutory authority. Once a report is made the final decision about pursuing any prosecution will rest with the Police.

You are always free to report the abuse to the Police regardless of any Church decision to report, alternatively you and the Church can report the abuse together.

## Things to consider before applying

To apply for redress you will need to:

* Share your personal information with us
* Confirm your identity with us
* Tell us about the abuse that happened to you
* Tell us about the impact the abuse has had on your life.

## When you apply you acknowledge

* Some information about the people who abused you may be reported to the police.
* Your application will be shared with the Church’s insurer because the Church is required to let the insurer know about risks and concerns. The insurer has very strict guidelines around dealing with people’s private information.
* Some of the information will be shared with the relevant institution to confirm who was responsible for the abuse. This is shared on a ‘need to know’ basis in the relevant institution and wherever possible, your information will be de-identified.
* You do not need to have statements, reports, photographs or other evidence to apply, but you can attach them if you want to.
* The Church may request more information from you and the relevant institution if it is required.

It is important to notify the Church if you change your contact details.

You can add more information to your application up to the time a decision is made. To add more information after you have submitted your application, please contact your Coordinator.

You can withdraw your application up to the time a decision on your application is made.

## For more information:

**Phone**: 0800 CONNEX ext 824 or 0800 266 639 ext 824

**Email**: [generalsecretary@methodist.org.nz](mailto:generalsecretary@methodist.org.nz)

If the alleged abuser is the General Secretary, then please email the President [president@methodist.org.nz](mailto:president@methodist.org.nz) .

**Website**: <https://www.methodist.org.nz/tangata/wellness-and-safety/breaking-the-silence-on-historical-abuse/>

**Mail**:

General Secretary – **Private & Confidential**

Methodist Connexional Office

P O Box 931

Christchurch 8140

## Return your completed application to:

**Email**: [generalsecretary@methodist.org.nz](mailto:generalsecretary@methodist.org.nz)

If the alleged abuser is the General Secretary, then please email the President [president@methodist.org.nz](mailto:president@methodist.org.nz) .

Or

**Mail**:

General Secretary – **Private & Confidential**

Resolution & Redress

Methodist Connexional Office

P O Box 931

Christchurch 8140

Please make and keep a copy of the completed application form before submitting the application.

# Your personal information

### Your name

Mr  Mrs  Miss  Ms  No title

|  |  |
| --- | --- |
| First name | Click here to enter text. |
| Other given names | Click here to enter text. |
| Last name/s | Click here to enter text. |

### What name would like us to use?

Please use the name above

Use a different name – please write this below

|  |  |
| --- | --- |
| Name | Click here to enter text. |

### What is your date of birth?

|  |
| --- |
| Click here to enter a date. |

### What is your residential address?

|  |  |
| --- | --- |
| Street | Click here to enter text. |
| Suburb | Click here to enter text. |
| City | Click here to enter text. |
| Postcode | Click here to enter text. |

### What is your postal address, if different from above?

|  |  |
| --- | --- |
| P O Box | Click here to enter text. |
| Suburb | Click here to enter text. |
| City | Click here to enter text. |
| Postcode | Click here to enter text. |

### What is your phone number?

|  |
| --- |
| Click here to enter text. |

Can we leave a voice message for you?  Yes  No

### What is your preferred spoken language?

|  |
| --- |
| Click here to enter text. |

### What is your gender?

Female

Male

Indeterminate/intersex/unspecified

I choose not to specify

### Which ethnic group do you belong to?

*Mark the space or spaces which apply to you.*

New Zealand European

Māori

Samoan

Cook Islands Maori

Tongan

Niuean

Chinese

Indian

other, e.g. *DUTCH, JAPANESE, TOKELAUAN*. Please state:

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### Do you need assistance due to a disability?

Yes  No  I choose not to answer this question

|  |
| --- |
| Briefly describe the nature of your disability and the assistance required  Click here to enter text. |

### Name of institution where abuse occurred?

|  |  |
| --- | --- |
| **Name of institution** | **Approximate dates when you attended the institution** |
| Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter a date. |

### Identifying information about the institution

We understand it is very difficult to recall details, however please provide as much identifying information as you can about the institution responsible for bringing you into contact with the person/s who abused you.

|  |  |  |
| --- | --- | --- |
| **Name of institution** | | Click here to enter text. |
| **Type of institution**  For example, an orphanage, children’s home, mission, church, foster care provider, school | | Click here to enter text. |
| Street | Click here to enter text. | |
| Suburb | Click here to enter text. | |
| City | Click here to enter text. | |
| Postcode | Click here to enter text. | |

Other things that could help identify the institution

|  |
| --- |
| Click here to enter text. |

### How were you known at this institution?

|  |  |
| --- | --- |
| First name | Click here to enter text. |
| Last names | Click here to enter text. |
| Nickname(s) | Click here to enter text. |

### How old were you when the abuse happened?

If the abuse happened over more than one year, please write your age range.

|  |
| --- |
| Click here to enter text. |

### Did you live at this institution when the abuse happened?

Yes  No

### When the abuse happened at this institution, were you?

A state ward

A foster child

In relative or kinship care

Under court ordered care

A student

Other – please state: Click here to enter text.

### Did the abuse happen more than once?

Yes  No

### Over what period of time did the abuse happen?

If the abuse happened over more than one year, please write your age range. We understand it can be very difficult to recall details, however, please provide information as best as you can.

|  |
| --- |
| Click here to enter text. |

### Details of the person who abused you while you were at this institution, if known:

We understand it can be very difficult to recall details, however, please describe the person the best that you can

|  |  |
| --- | --- |
| First name | Click here to enter text. |
| Last names | Click here to enter text. |
| Nickname(s) or aliases | Click here to enter text. |
| Other things you remember, e.g. tattoos, gender, voice, facial hair | Click here to enter text. |

### How did they come into contact with you?

Please write a short description. For example:

I was living in an orphanage. The person was an employee of the orphanage. Sometimes they worked as the cook.

Living in foster care, the person was my foster parent.

The person was another child/youth in the care setting.

|  |
| --- |
| Click here to enter text. |

### Do you know if they had an official role at the institution?

Yes – please write their role in the box below as you remember it

|  |
| --- |
| Click here to enter text. |

No, I don’t know their role

Not sure

### Please describe the abuse that happened while you were at this institution.

Please write in a way that gives a clear understanding of the abuse that happened. Detail is important, so please be specific. You may find it helpful to have a support person with you when you answer this question as recalling detail can be upsetting.

If you find this too upsetting, just state the type of abuse and you can further detail in person.

|  |
| --- |
| Click here to enter text. |

### Please write about any person you told, or you believe may have known about the abuse.

This could be the police, a doctor, friend, support worker or family member. This is not asking if the abuse was reported.

|  |
| --- |
| Click here to enter text. |

Or other people connected with the institution that may have known about the abuse.

|  |  |
| --- | --- |
| Name of person 1 | Click here to enter text. |
| Role of person 1 | Click here to enter text. |

|  |  |
| --- | --- |
| Name of person 2 | Click here to enter text. |
| Role of person 2 | Click here to enter text. |

|  |  |
| --- | --- |
| Name of person 3 | Click here to enter text. |
| Role of person 3 | Click here to enter text. |

I am unable to answer this question

### Please write details of any support person who helped you complete this application

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Relationship to you | Click here to enter text. |
| Position | Click here to enter text. |
| Organisation | Click here to enter text. |

### Please describe how they helped

For example, they gave information, or helped me complete the application form.

|  |
| --- |
| Click here to enter text. |

### Confirmation of identity

Please attach a **copy** of your photo identification. Please provide a copy, not the original document.

Choose from the following:

Passport

Drivers licence

18+ card

### Attachments to support your application

You can attach copies of any documents you feel support your application. Some examples may be photographs, school reports, medical records, psychological reports, police reports, witness statements, or other signed statements.

Please send **copies** of documents, not original documents.

|  |  |
| --- | --- |
| **Number** | **Type of document** e.g. Statement to police dated 12/6/1977. Copy of photograph taken approx. 1965 at the institution – I am the child in the second from the left in the photograph |
| 1 | Click here to enter text. |
| 2 | Click here to enter text. |
| 3 | Click here to enter text. |
| 4 | Click here to enter text. |
| 5 | Click here to enter text. |

**Your signature**

**Date:** Click here to enter a date.

# Checklist

Use the checklist to make sure your application is complete

Have you completed the pages relating to each institution where you experienced abuse? (Questions 11 - 18)

Have you completed the section relating to each person who abused you? (Questions 19 – 21)

Have you attached a copy your photo ID?

Have you attached copies of any reports or other supporting documents you want to include?

Have you made and kept a copy of the application for your own records?

# Return your completed application to:

**Email**: [generalsecretary@methodist.org.nz](mailto:generalsecretary@methodist.org.nz)

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