

# Lambeth Children's Homes Redress Scheme

## Application form

This application form should be completed to make a claim under the Lambeth Children's Homes Redress Scheme. For assistance completing the form please see the guidance notes and the explanatory leaflet. Further information can also be found on the council's website [lambeth.gov.uk/redress](https://www.lambeth.gov.uk/redress)

- **All applicants must complete** **PART A**
- If you are applying for a **Harm's Way Payment** complete **PART B**
- If you are also applying for an **Individual Redress Payment** for physical and/or sexual abuse and/or psychological injury suffered whilst in a Lambeth Children's Home complete **PART C**

# PART A – personal details

## 1. APPLICANT'S PERSONAL DETAILS

Your full name:	
Any former name or names by which you were known whilst in care:	
Your current address:	
Town:	Postcode:
Your preferred contact telephone number:	
Your email address:	
Your National Insurance Number:	

### Please provide the following supporting ID:

- A photocopy of a passport or EU identity card
- A photocopy of a driver's licence
- A photocopy of a bank card/post office account card
- A passport sized photograph, signed and witnessed by an appropriate professional (solicitor, general practitioner)

If you are unable to provide any of the above then **two forms** of the following ID must be provided:

### The first must be either:

- A bank or building society statement or post office account dated within the last 12 months
- Correspondence from a Job Centre
- Freedom pass

### The second form of ID must be:

- Official government correspondence (for example, a copy of a P45, P60) from NHS (letter from GP or hospital), or other Central Government correspondence (for example, correspondence from Attorney General's Office, Home Office, etc)

If you are applying on behalf of someone who has died, please provide:

- Death Certificate
- Burial record

### Your Bank Account details

Bank name:	
Account holder name:	
Sort Code:	Account Number:

### ► Guidance Note:

All payments must be registered with the Compensation Recovery Unit who require national insurance details.

### ► Guidance Note:

Current ID is required in order to validate and process an individual's application. All ID must be legible and if there is a change in name, evidence of marriage, divorce, deed poll must be provided.

Current passport ID must be provided in the first instance. If this is not available then a driver's licence (showing photograph and signature) is required.

If the applicant has no official ID with supporting photograph then a bank card/Post Office account card should be provided, both front and back of card must be provided with account details blanked out.

If the above ID cannot be provided then a passport sized photograph signed and witnessed by a solicitor/GP should be provided confirming that the applicant is shown in the photograph.

### ► Guidance Note:

If none of the above can be provided then two forms of ID must be provided.

### ► Guidance Note:

These details are required in order to make quick and efficient payment of any monies due to you. You can provide these details at a later date however this will delay us making payment to you.

## 2. APPLICANT'S REPRESENTATIVE (only complete if appointed)

Name of representative:	
Address of representative:	
Town:	Postcode:
Contact telephone number:	
Email address:	
Relationship of representative to you:	

## PART B – Harm's Way Payment

### 3. DETAILS OF PLACEMENT

Please provide the following details of when you were a resident of / or visitor to a Lambeth Children's Home or a pupil at Shirley Oaks Primary School.

**Please use section 8 (page 7) if you require more space.**

#### The dates in care:

From:	To:
The names of the children's homes you lived in or visited:	

Please provide an account of your experiences detailing as much information as you can:


Did you experience physical/sexual/psychological abuse whilst at a Lambeth Children's Home?  YES /  NO (please tick as appropriate)

**If you have answered YES and wish to apply for an Individual Redress Payment, please complete Part C of this form.**

All information provided will be treated confidentially

#### ► Guidance Note:

A Harm's Way Payment is made to a person to reflect their experience of living in an environment which caused them to fear that they would be subject to immediate physical and/or sexual abuse and/or neglect and/or cruelty.

#### ► Guidance Note:

If you have already provided a written account of your experience please attach a copy to this application form.

# PART C – Individual Redress/Compensation Payment

## 4. YOUR EXPERIENCE OF ABUSE

Whilst we understand this may be difficult for you, please provide the following information to enable us to deal with your claim.

If you are completing this form on behalf of an applicant who has died please provide information to the best of your knowledge.

The details of abuse:


The dates and time periods of abuse:


The names of abusers:


The names of any witnesses to the abuse:


### ► **Guidance Note:**

Please set out the type of abuse you suffered. Such abuse may have been physical, sexual or psychological. You should give as much detail as possible so far as you are able to remember.

If you have already provided a written account of your experience please attach a copy to this application form.

### ► **Guidance Note:**

Whilst it may not be possible for you to remember the exact dates and times when you suffered abuse, please provide as much information as you can remember.

### ► **Guidance Note:**

Please provide the names of those individuals who committed the abuse against you. Where you cannot remember or do not know the name(s) please provide any nicknames or descriptions of the abuser, and include where they worked and any roles they held if known.

### ► **Guidance Note:**

Please provide names of anyone who witnessed the abuse you suffered. Where you cannot recall names please provide descriptions of any witnesses.

## Complaints of abuse

The names of those you told to or confided in:


What you told them:


Any action taken as a result of your complaint(s):


## 5. CRIMINAL PROCEEDINGS

Have you provided a statement to the Metropolitan Police or any other Police force as part of their enquiries into historic abuse at any Lambeth Children's Home?

**YES** /  **NO** (please tick as appropriate)

If any of the persons you have named as abusers have been subject to criminal proceedings (whether found guilty or not) please provide their names below:


► **Guidance Note:**

If you told anybody at the time of the abuse or shortly thereafter please provide the name(s) of those who you told about the abuse.

► **Guidance Note:**

If you have provided a statement to the Police then by submitting this application form you are giving your consent to the release of all such Police statements to the council in order to assist with the processing of your application.

## 6. CRIMINAL INJURIES COMPENSATION AUTHORITY APPLICATION / AWARD

Have you at any time submitted a claim for compensation regarding child abuse to the Criminal Injuries Compensation Authority:

YES /  NO (please tick as appropriate)

If yes, please tell us the outcome and the amount of any compensation you received:


## 7. PREVIOUS CIVIL PROCEEDINGS

Have any civil proceedings been threatened or commenced by you, or on your behalf, against any party in relation to the allegations of abuse?

YES /  NO (please tick as appropriate)

If yes, please provide the details and the outcome:


► **Guidance Note:**  
If you have submitted the claim to the Criminal Injuries Compensation Authority you are giving your consent to release all of the information submitted to the council in order to assist with the processing of your application.

## 8. CONTINUATION OR ADDITIONAL INFORMATION

Please use this space if you wish to continue responses from any previous section or provide any additional information:


**► Guidance Note:**

If you require more space additional pages can be attached to this form.

## 9. APPLICANT'S PERSONAL DECLARATION

By signing below, I hereby declare that the information provided by me in this application form as part of Lambeth Children's Home Redress Scheme is true to the best of my knowledge and belief.

Applicant's signature:
(Print name):
Date:

**► Guidance Note:**

The personal declaration must be signed in all applications for Harm's Way Payments and Individual Redress Payments.

**Please return completed forms to:**

**Strictly Private and Confidential  
Lambeth Redress Team  
PO Box 747  
Winchester  
SO23 5DP**

Or the completed form can be scanned and emailed to:  
**redress@lambeth.gov.uk**  
(please add redress application form to the subject line)

## Using your personal information

Personal information which you supply to us may be used in the following ways, for example:

- To make insurance claim decisions;
- For fraud prevention;
- To comply with our Statutory Obligations in relation to disclosure of claim payment information to the Department of Work and Pensions;
- For audit and statistical analysis.

We may share your information with, and obtain information about you from, other Local Authorities, Medical Experts and the Department for Works and Pensions. Information provided by you may be shared with insurers and added to a register of claims for fraud prevention purposes.

We will not disclose any information provided by you to any organisation except as set out above to help prevent fraud, or if required to do so by Law.

**For further information on how your information is used, how we maintain the security of your information and your rights to access information we hold on you, please contact:**

**[dataprotection@lambeth.gov.uk](mailto:dataprotection@lambeth.gov.uk)**



# Appendix A equalities monitoring

## About you

To make sure we are providing fair services to all of Lambeth's diverse communities, it is important that we ask you a few questions about yourself. You are under no obligation to provide the information requested, but it would help us greatly if you did. The information will be used for claims monitoring purposes. Your responses will be kept confidential and any information published will be made anonymous. No information that can identify you, your home or your household will be passed to any other organisations without asking you first.

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### Gender and gender identity

What is your gender identity? (Tick one box only)

- Man (including trans man)
- Woman (including trans woman)
- Other gender identity (e.g. androgyne person)
- Prefer not to say

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### Age

Which age group applies to you?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+

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### Sexual orientation

Which best describes your sexual orientation?

- I am heterosexual/straight
- I am gay or lesbian (homosexual)
- I am bisexual
- Other
- I do not wish to answer this question
- Don't know

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### Marital status

What is your legal marital or same-sex civil partnership status?

- Never married and never registered a same-sex civil partnership
- Married
- Separated, but still legally married
- Divorced
- Widowed

- In a registered same-sex civil partnership
- Separated, but still legally in a same-sex civil partnership
- Formerly in a same-sex civil partnership which is now legally dissolved
- Surviving partner from a same-sex civil partnership

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### Religion, faith or belief

Which of these best describes your religion?

- Atheist
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other – please specify
- No religion
- Prefer not to say/don't know

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### Disability

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Please include problems related to old age.

- Yes, limited a lot
- Yes, limited a little
- No

...continued overleaf... →

## Appendix A equalities monitoring – continued

### Ethnic origin

What is your ethnic group?

- White
- English / Welsh / Scottish / Northern Irish / British
- Irish
- Portuguese
- Polish
- Gypsy or Irish Traveller
- Any other White background, please specify:

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- Mixed / multiple ethnic groups
  - White and Black Caribbean
  - White and Black African
  - White and Asian
  - Any other Mixed / multiple ethnic background, please specify:

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- Asian / Asian British
  - Indian
  - Pakistani
  - Bangladeshi
  - Chinese
  - Any other Asian background, please specify:

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- Black / African / Caribbean / Black British
  - Black African
  - Black Caribbean
  - Any other Black / African / Caribbean background, please specify:

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- Other ethnic group
  - Latin American
  - Arab
  - Any other ethnic group, please specify:
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### Language

What is your main language?

- English
  - Portuguese
  - Yoruba
  - Polish
  - Spanish
  - French
  - Italian
  - Somalian
  - Twi
  - Other, please specify:
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