Family Restoration Fund

· • • • reuniting former child migrants with their families • •

Application Form

The Family Restoration Fund has been set up by the Child Migrants Trust using a grant awarded by the UK Government for the purposes of reuniting former child migrants with their families.

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Family Restoration Fund applications

This fund is **only for former Child Migrants**, and was announced as part of the National Apology on 24 February 2010. A former Child Migrant is someone who was below school leaving age and sent from the UK before 1970 by a voluntary care agency (or local authority in some cases) without their parent/s to Australia, Canada, New Zealand or the former Rhodesia. The Family Restoration Fund does not apply to those who migrated with either parent or as part of any voluntary family, single parent or youth migration scheme.

Please see the Information Pack for more details about the application process.

When you are ready and have the information you need, you can complete this application form with details of your visit. This asks for dates of the visit and details about your proposed trip. You can also tell us if you have any special care needs that may increase the cost of your visit. We will use the information on this form to work out what travel expenses this Fund can cover for you.

If you live in Australia or New Zealand, your application will be managed by the Child Migrants Trust's Melbourne or Perth offices. Those living elsewhere should apply to the Trust's UK office in Nottingham. We will contact you to confirm receipt of your application and once we have reviewed it, will be in touch to discuss further with you.

AUSTRALIA / NEW ZEALAND	WESTERN AUSTRALIA	CANADA / ZIMBABWE / OTHERS
Family Restoration Fund Child Migrants Trust Inc 169 Riversdale Road Hawthorn Melbourne Victoria 3122 Australia	Family Restoration Fund Child Migrants Trust Inc 8 Sunbury Road Victoria Park Perth Western Australia 6100 Australia	Family Restoration Fund Child Migrants Trust 124 Musters Road West Bridgford Nottingham NG2 7PW England
From Australia (03) 9815 2022 Free phone: 1800 04 05 09	From Australia (08) 9472 7582 Free phone: 1800 04 05 09	≅ From UK (0115) 982 2811
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Email: frf@cmtrust.org	Email: frf@cmtrust.org	Email: cmtfrf@aol.com

Section 1: About you

This section will help us check if you are eligible for support through the Family Restoration Fund. We understand you may not have full information - denial of your personal childhood records was acknowledged within the Apology. If you do not know all the answers, please ask for advice from the Child Migrants Trust or the agency that was responsible for you when you were migrated.

Your name				
Your address				
Telephone				
Email address				
Date and place of birth (if known)				
If you know the deto Kingdom?	ails, wh	ich organisatio	n arranged your migratio	n from the United
Voor vou left LIK /			Ago whon you loft LIK /	
Year you left UK / arrival date (if known)			Age when you left UK / upon arrival (if known)	
Which country were y	ou sent	to?		
Australia		New Zealand	Rhodesia	Canada
Were you or are you l	known r	now by a differe	nt name? Please give detai	ils below.

Section 2: Your preferences

Please let us know below your preference for help and support:
I am receiving help and support from the following agency:
Agency name:
I agree that you can contact them about my application and proposed visit (we would recommend that your support agency is aware of your proposed visit).
I am not receiving any help and support but would like to discuss what help is available before, during and after my reunion.
I do not require any help and support but understand it may be necessary for Child Migrants Trust to contact me to discuss the details of my application.
Section 3: Your family
This section is about your original family members, with whom you wish to restore links. They may still live in the UK or have moved elsewhere. We may still be able to help even if your family has moved away from the UK.
Have you been able to reconnect with your family? Please circle YES NO
If you answered YES , please give brief contact details below of the family members you want to visit:

If you answered **NO** please contact Child Migrants Trust for advice or, if you prefer, another child migrant support agency.

Section 4: Your planned family visit

This section asks for details of your visit. It is important that the information is accurate so we can assess your application. If you have any special care needs you can tell us about this in <u>Section 5</u>.

Have yo	ou previously	used the Family Restor	ration Fund to finance (a visit?
Y	'es	Prev	vious Visit Dates:	
N	lo			
This ap	plication is fo	or:		
N	le (the forme	r child migrant) to visit ı	my family	
N	ly family to v	isit me		
Please 1	tell us the mo	ain reason for your visit.	:	
A	A first reunior	ı visit		
	A follow up vi	sit		
		gnificant family event e. e.g. date of special even		ıneral. Please provide
ı	urgently nee	d to travel due to a serice.g. date of funeral		h. Please provide
1 1	am ill and my	family need to travel ur	rgently to visit me.	
О	ther reasons	? Please briefly outline	your circumstances bel	ow:
Please	aive the date	es of your planned visit	If you do not have ex	act dates please give us
	nth of the pla		ij you do not nave ex	auct dutes pieuse give us
Date fro	om:		Date to:	

Where will you be travelling to? e.g. Melbourne to London. If you are staying at mor than one location or travelling to different parts of the UK include details here. This help
us understand the full cost of your visit:
Where will you be staying? e.g. B&Bs, with family, or in hotels:
Please include the name, address and phone numbers of the family members you ar
visiting:

Section 5: Special care needs

This section is about any special care needs you may have. For example, this could be a medical condition which impacts on your mobility so you require travel in Premium Economy, or you may need daily support from a carer. Each application for special care needs is assessed on a case by case basis.

We will need a letter from your doctor to support this part of the application. If we need to speak to your doctor about your application we will ask your permission first.

Travel costs are limited to economy class unless there are medical reasons to travel in Premium Economy. Please note that this Fund is no longer able to approve Business Class Travel.

Does the person travelling have any special care needs?				
Yes		Please give details below		
No		Please co	ontinue to page 8 Section 6: Terms & Conditions	
Does	the n	arson tra	velling need to claim for a carer to accompany them on the visit?	
	the p	1		
Yes		Please gi	ve the carer's details.	
	Care	r's name		
		Address		
	Te	elephone		
	Email	address		
Relat	ionsh	ip to the		
		traveller		
No		Please co	ontinue to page 8 Section 6: Terms & Conditions	

Finally, please now read Section 6 and sign the application form in the appropriate box

Section 6: Terms & Conditions

I confirm that I am a former child migrant who was sent from Great Britain and Northern Ireland as part of a child migration scheme before 1970 to the country mentioned in section 1. I confirm that I travelled without a parent and did not migrate as part of any voluntary family, single parent or youth migration scheme.

I confirm that the information provided on my application forms is correct and complete to the best of my knowledge and belief.

I understand that in applying for a grant from the Family Restoration Fund that the Child Migrants Trust can in its discretion determine whether or not I satisfy the criteria for being granted a grant.

I understand that I may be interviewed by the Child Migrants Trust as part of the application process.

I understand that the Child Migrants Trust may contact bodies or agencies listed in this form about my application unless I have refused consent to this. If the Trust needs to contact other bodies or agencies, my prior consent will be sought. Refusal of consent may result in my application being denied.

I understand that if my application is successful, I will be awarded a fixed amount from the Family Restoration Fund.

I confirm that if I am awarded money from the Family Restoration Fund, I will use it only for the purpose of the visit mentioned in Section 3 and within the limits agreed by the Child Migrants Trust for expenses. I understand that if I want to make any changes to the trip or wish to exceed the limits agreed by the Child Migrants Trust for expenses on individual items, I must first obtain agreement from the Child Migrants Trust otherwise I will have to refund the money/excess to the Child Migrants Trust.

I understand that use of the funds for purposes other than those agreed by the Child Migrants Trust will mean that I have to refund the money to the Child Migrants Trust.

Terms & Conditions (page 2 of 3)

I understand that I will need to pay back the Child Migrants Trust any monies that remain un-used at the end of the visit or any monies paid to me in error or on the basis of incorrect or incomplete information provided to the Child Migrants Trust.

If the trip is cancelled or curtailed I will claim for any irrecoverable travel costs on my travel insurance to the extent these are covered and repay these to the Child Migrants Trust. I will recover any recoverable travel costs and repay these to the Child Migrants Trust. If I am applying for family to visit me or if I have a travel companion, I will do my best to make sure my family/travel companion does the same as regards their travel costs.

I understand the need to take out adequate travel and medical insurance cover for the visit in accordance with the minimum requirements of the Child Migrants Trust and that the cost of such insurance can be claimed as part of my maximum allowance.

I acknowledge that where a grant is paid to me from the Family Restoration Fund that:

- 1.1 I remain responsible for obtaining comprehensive travel insurance and understand that such insurance is essential and that it is recommended by the Child Migrants Trust;
- 1.2 travel insurance and other insurances may not cover all risks which might eventuate or costs that might be incurred in relation to my travel;
- the Family Restoration Fund and Child Migrants Trust are not obliged to pay any money supplementary to the grant to cover costs which are incurred by me, or in relation to me, and which are not covered by insurance (including costs incurred because I have opted not to obtain insurance);
- 1.4 that the Child Migrants Trust has no liability in relation to any claims, actions, liabilities, losses or damage which are in any way connected with my travel and I indemnify and will keep indemnified the Child Migrants Trust against any such claims, actions, liabilities, losses and damages;
- the above terms will be binding upon me, my successors and assigns including my legal personal representatives or other administrators of my Estate.

Signed		
Date		

Terms & Conditions (page 3 of 3)

OR: I am signing this form on behalf of the applicant because I have Power of Attorney for them or because I have been appointed to act on their behalf.

Signed	
Name	
Date	
Date of Birth	
Address	
Telephone / e- mail	

Please attach the letter of appointment signed by the person you are making the application for, or the letter of Power of Attorney to this application form.