Western Australia Stolen Wages Class Action REGISTRATION FORM

Tell us your information in this form to ask for compensation money If you need help, call us for free on 1800 976 150.



This element represents Shine Lawyers and Western Australian communities working together to shape and strengthen the Stolen Wages Class Action case. Through support, listening and learning they can right the wrong, together.

Registration Form

You must complete this Registration Form to 'register' with Shine Lawyers if you think you are eligible to be considered for compensation money.

You can register for compensation money if you or the person you are completing this form for are either:

Oľ

A living claimant: an Aboriginal or Torres Strait Islander person, born before 9 June 1962 who worked in Western Australia between 11 December 1936 to 9 June 1972 for little or no wages.

A descendant claimant: a spouse (husband/wife/partner - married or defacto), or child of an Aboriginal or Torres Strait Islander person born before 9 June 1962 who worked in Western Australia between 11 December 1936 to 9 June 1972 for little or no wages who is now deceased.

How can you complete this Registration Form?

You can complete this Registration Form by doing one of the following:



Complete this Registration Form online at shine.com.au/stolenwageswa



Email the completed Registration Form and any supporting documentation to wastolenwages@shine.com.au



Post the completed Registration Form and any supporting documentation to:

Shine Lawyers Class Actions - WA Stolen Wages Class Action

PO BOX 12011, George Street QLD 4000

If you don't know the answer to any of the questions in this form you should keep going. We will call you if we need more information. You might also be asked for more information later by the Administrator.

Last Date for Registration

You must register by completing the Registration Form in any of the above ways by 30 June 2024. If you are posting your completed Registration Form and supporting documents to Shine Lawyers, you will need to post these documents before this date so they are received by Shine Lawyers by 30 June 2024.

WESTERN AUSTRALIA STOLEN WAGES CLASS ACTION

If you need help, call us for free on 1800 976 150.

Who is filling out this fo	orm?			
1. Are you completing this form for or are you helping someone else?	yourself	Yourself – skip this and go to Part 1	s section 🗌 Helping someone else	
You are allowed to have help filling	out this form. If so	meone is helping you, th	nat person needs to give us their details below.	
2. If you are filling out this form for	the claimant, hov	v do you know him or h	er?	
3. Your first and last name:				
4. Your phone number:		5. Your email address	:	
In the rest of the form, when we ask	about "you", we a	are asking about the pe	rson who is being registered.	
Part 1: Claimant's Detai	le			
	15			
1. Your first name:		2. Your last name:		
3. Do you have any other names? (eg. maiden name)		4. Your date of birth:	5. Your place of birth:	
6. Your home address:				
7. Your postal address, if it is differe	ent to your home a	address:		
8. Your phone number (if you have one):		9. Your email address (if you have one):		
10. Your gender: Male	Female	11. Are you Aboriginal	or Torres Strait Islander? Yes No	
12. How do you want to be contacted?	Phone	Email Post	Through a support person	
13. If you want to be contacted thro	ough a support pe	rson, what are his or he	r details:	
Full name:		Relationship to the cl	aimant:	
Phone number:		Email:		
Postal address:				
14. What language do you or your support person want to talk to us in?	Language:		Community:	
15. What kind of claim are you regis	stering for compe	nsation money? (TICK A	LL THAT APPLY)	
My own Claim: Living claimant (a person who themselves worked in Western Australia between 11 December 1936 to 9 June 1972 for little or no wages)? >> Complete Part 2.				
Spouse (husband/wife/partner – married or defacto) Claim: Descendant claimant (a person who is the spouse, or defacto spouse of a person who worked in Western Australia between 11 December 1936 to 9 June 1972 for little or no wages, but has passed away)? >> Complete Part 3. (IF YOU ARE CLAIMING IN RELATION TO MORE THAN ONE SPOUSE OR PARENT FILL IN TWO FORMS).				
Child Claim: Descendant claimant (a person who is the child, including by traditional adoption, of a person who worked in Western Australia between 11 December 1936 to 9 June 1972 for little or no wages but has passed away)? >> Complete Part 3. (IF YOU ARE CLAIMING IN RELATION TO MORE THAN ONE SPOUSE OR PARENT FILL IN TWO FORMS).				

WESTERN AUSTRALIA STOLEN WAGES CLASS ACTION *If you need help, call us for free on 1800 976 150.*

Part 2: Living Claimants

Only complete this section if you are registering your own claim: (an Aboriginal or Torres Strait Islander person who worked in Western Australia between 11 December 1936 to 9 June 1972).

16. Did you work in Western Australia between 11 December 1936 and 9 June 1972?

17. Please provide details of AT LEAST ONE PLACE you worked between 11 December 1936 and 9 June 1972 for no money or only a small amount of money. For example, on a station, or at a mission that you can name below.

<i>Place of Employment</i> (station, mission, institution, or other)	<i>Location of Employment</i> (town or area)	When work was done (approximate year/s)	Type of work performed (examples: station work; domestic work)		
18. Were you paid no money o	or only a small amount of mon	ey for all or some of this work?	Yes	No	
19. Do you have any docume and 9 June 1972?	nts about your work betweer	11 December 1936	Yes	No	
If Yes, please attach copies of these documents (<u>do not send the originals</u>). This is not compulsory but any documents that are available may assist with registering and paying the claimant compensation money.					
The WA Government may have	e records about your work histe	ory that could assist your claim.			
	awyers providing the informat l details) to the WA Governme		Yes	No	
This is not compulsory but if t the claimant.	he State can provide informati	on it may assist with registering	and showing the	e eligibility of	
Even if you tick "No", the State your name and date of birth.	e may be given some informatio	on about you during the admini	stration process,	including	
If you want the WA Governme might make that easier. This		viding all or some of the inform	ation below abou	ıt your family	
21. Your mother's name:		22. Your father's name:			
23. The names of your brothe	rs and sisters (if you have any)	:			



(examples: station work;

domestic work)

(approximate year/s)

Part 3: Spouse or Child Claimants

Only complete this section if you are a descendant claimant. That means you are either a spouse (husband/wife/ partner – married or defacto) or child of an Aboriginal or Torres Strait Islander person who worked in Western Australia between 11 December 1936 to 9 June 1972 for no money or only a small amount of money who has passed away (referred to as the "deceased person"). If you are claiming for more than one deceased person, for example a spouse and one or both parents, fill in additional forms.

- Spouse or defacto spouse means the most recent person to marry and/or be in a relationship for two or more years with the deceased person, before their death.
- A child means a natural child of the deceased person, or any child who was legally adopted or adopted under Aboriginal laws and customs.

24. What was the first and last name	e of the deceased person?				
25. Was the deceased person known	n by any other name(s)?				
26. Was the deceased person Aborig	ginal or Torres Strait Islander?		Yes	No	
27. What was the deceased person's date of birth to the best of your knowledge?					
28. What was the deceased person's place of birth to the best of your knowledge?					
29. Do you have any documents co date of birth of the deceased pers marriage certificate)		Yes – if so, please att copies of these docume Registration Form (do n original documents).	ents to the		
30. What was your relationship to t	he deceased?	Spouse (husband/wit – married or defacto)	fe/partner 🗌 Child		
31. What was the deceased person	's mother's name (if known):				
32. What was the deceased person	's father's name (if known):				
33. What were the names of the br deceased person (if they had any a					
34. Did the deceased person work and 9 June 1972?	in Western Australia betweer	n 11 December 1936	Yes	🗌 No	
35. Please provide details of AT LEAST ONE PLACE the deceased person worked between 11 December 1936 and 9 June 1972 for no money or only a small amount of money. For example, on a station, or at a mission that you can name below.					
Place of Employment	Location of Employment	When work was done	Type of work perfor	med	

(town or area)

(station, mission, institution,

or other)

WESTERN AUSTRALIA STOLEN WAGES CLASS ACTION

If you need help, call us for free on 1800 976 150.

Part 3: Spouse or Child Claimants (continued)					
36. Was the deceased person paid no money or only a small amount of money for all or some Yes No of this work?					
37. If Yes, how do you know this?					
The deceased person told me Someone who knew the deceased person told me I have seen records					
Other:					
38. Do you have any records about the deceased person's work between 11 December 1936 Yes No and 9 June 1972, or your relationship with the deceased?					
If Yes, please attach copies of these documents (<u>do not send the originals</u>). This is not compulsory but any documents that are available may assist with showing eligibility of the deceased person.					
The WA Government may have records about the deceased person's work history that could assist your claim.					
39. Do you consent to Shine Lawyers providing the information in the Registration Form (including Yes No your personal details) to the WA Government to request records about the deceased person?					
This is not compulsory but any documents that are available may assist with registering and showing eligibility of the deceased person.					
Even if you tick "no", the State may be given some information about you and the deceased person during the administration process, including your and their names and dates of birth.					
Part 4: Claimant's ID					
40. Do you have current photo ID? For example, a copy of your DriversYes - go to Part 5No - completeLicence, Proof of Age Card (18+ card), or Passport.Question 41					
If Yes, please attach a copy to the photo ID to this Registration Form (do not send the original).					
41. For Living Claimants only, can you provide two forms of other ID? For example, copies of a Birth Yes No Certificate, Marriage Certificate, Medicare Card, bank account statement, electricity bill, or Tenancy No Agreement. Note: If you are a Spouse or Child Claimant, you must provide current photo ID. Yes					
If Yes, please attach copies of the ID to this Registration Form (do not send the originals). If you are a descendant claimant, please also attach copies of any documents you have confirming the identity or date of birth of the deceased person.					
Part 5: Payment Details for Claimant					
Bank Account Details					

Account name

BSB

Account Number

Note: compensation payments will be made by electronic funds transfer if you provide bank details. If your bank details change, you need to tell us immediately.

Bank

If you do not provide bank details, you will be posted a cheque to the postal address provided on this form.

WESTERN AUSTRALIA STOLEN WAGES CLASS ACTION

If you need help, call us for free on 1800 976 150.

Part 6: Signing Page		
I am telling the truth about the information I have completed in this Registration Form.		
Claimant's signature:	Date:	
Part 7: Additional Information		
Is there anything else you'd like to tell us?	Yes	No
You do not need to complete this part, but you can use this part to tell us any further inf	ormation.	





1800 976 150 shine.com.au/stolenwageswa