# Registration of Interest

# For a claim of historical abuse while in Methodist care

If you believe you were abused or neglected while placed in Methodist care you can make a claim.

The Methodist Church of New Zealand/Te Hāhi Weteriana o Aotearoa (“the Church”) will work with you to find a resolution. The Church will explain how we may be able to help you, including providing you with a copy of your records. We will invite you to discuss your case in more detail. If you seek resolution we will investigate your case. If we were wrong, we will apologise to you.

## 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.

## 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 registration of interest 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

General Secretary – **Private & Confidential**

Resolution & Redress

Methodist Connexional Office

P O Box 931

Christchurch 8140

**Mail**:

# 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

### 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. |

### 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. |

### I wish to obtain a copy of my records while I was in Methodist care

Yes

No

**Your signature**

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

# Return your completed registration of interest 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