

Scotland's  
**Redress  
Scheme**

Application  
form  
**Part 2**

# Scotland's Redress Scheme

## Survivor application form **Part 2**



Scottish Government  
Riaghaltas na h-Alba  
gov.scot



# Scotland's Redress Scheme

## Application form **Part 2**

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## Section 1: Personal details

This information will be used to join together Part 1 with your Statement of Abuse (this form).

**Name**

Charles

Kidson

**Date of birth**

06 | D | 07 | M | 1965 | Y | Y

## Section 2: Your statement of abuse

In Part 1, you will have provided information about any relevant care settings you were abused in. In this form, you need to provide a statement about your abuse. You can choose how you want to provide your statement. You can complete the questions in relation to each care setting or you can:

- submit a previous statement (for example, a copy of a statement given to the police)
- write your statement in another format that is better suited to you

### Fixed rate payment applications

For a fixed rate payment application you can write as much or as little as you like in your statement of abuse, as long as you meet the minimum requirements.

You only need to name one care setting you were abused in. You can name more if you want to.

You will need to provide one document that shows you were in a care setting you name. You do not need to provide a document for more than one care setting.

You **do not** have to provide a document that supports your statement of abuse.

### Individually assessed payment applications

For an individually assessed payment application you should give as much information as possible in your statement of abuse.

You may have been abused in one relevant care setting, or in several different ones. For this part of the application form, please provide a statement about each care setting you were abused in.

For example, if you were abused in 3 relevant care settings, please provide 3 statements. You can do this in any order that makes sense to you.

There are pages for 4 care settings included in this form. If you need more copies, you can:

- contact a case worker
- make a copy yourself
- print additional pages from [mygov.scot/redress](https://mygov.scot/redress)

You will need to provide a document that shows you were in each care setting you name.

You will also need to provide a document or documents that support your statement of abuse.

## Section 2: Your statement of abuse continued

### Writing your statement of abuse

There is no right way to write your statement, and everyone will approach this differently. You can write it in whatever way makes sense to you.

There are no wrong answers. If Redress Scotland needs more or different information, your case worker will get in touch with you and let you know.

Remember to take care of yourself while you are writing this. You do not have to do it all at once. Make sure you have support or know where to access it if you need to. If you need support you can speak to a case worker who can refer you to further help:

- **Telephone:** 0808 175 0808 (freephone)
- **International:** +44 131 297 6500  
Lines are open Monday to Thursday, from 10am to 4pm (except Scottish public holidays)
- **Email:** [apply@redress-scheme.scot](mailto:apply@redress-scheme.scot)

### Handwriting or typing

You can handwrite or type your response. Use as much or as little space as you need. Do not worry about fitting your statement into the space on the form. You can attach pages or printouts.

If you are writing by hand, please be as clear as possible. If your case worker cannot read what you have written, they will get in touch with you.

### Using your preferred language

Please write in a way that is most comfortable for you.

You can write your statement in your preferred language, or submit a BSL statement by video if you are a BSL user. Please contact your case worker for more information.

### Adding information to your statement of abuse

You may find that once you have written your statement, you remember more information or details. You do not have to include every detail of your abuse but if there is information you want Redress Scotland to know, you can add to your statement.

If you have not sent your application, you can change your earlier statement or add a further statement. Please contact your case worker for more information.

## Section 2: Your statement of abuse continued

### What to put into your statement of abuse

For both types of application, you should provide the following information in your statement:

- when you were abused
- which care setting you were living in at the time
- the number of relevant care settings you were abused in
- your length of time in care
- your age at the time of the abuse
- what type of abuse you experienced
- how many times the abuse happened
- who was involved in your abuse (for example, peers or a member of staff)
- how the abuse made you feel at the time and how this affected you at the time.

Particularly in relation to an Individually Assessed Payment application, you may also want to include:

- the number of abusers
- your relationship to the abuser or abusers
- the combination or accumulation of different types of abuse
- if you had any personal circumstances or protected characteristics (for example, race, religion or disability) that may be related to your abuse
- if you were treated differently from other children in the care setting at the same time
- whether anyone witnessed the abuse and how they responded to this
- the response to any disclosure of abuse you made at the time, including a lack of action and punishment for the disclosure
- whether you were offered or not offered any medical treatment
- anything about the care setting itself, for example if it was isolating, impersonal, or had a harsh day to day routine
- if the abuse was something which happened openly in communal areas or was hidden abuse
- if you were separated from siblings or family without contact

For individually assessed payment applications, Redress Scotland uses an “Assessment Framework” to decide which level of payment you might be offered. You can read this document on [www.gov.scot/redress](http://www.gov.scot/redress). Please be aware that it has graphic descriptions of abuse.

## Your statement for Care Setting 1

In Part 1, you will have already provided information about the care settings you were abused in. By providing this information here, your case worker can join together the name of the care setting with your statement of abuse.

**Q2 | What is the name or location of the relevant care setting you were abused in?**

For example, the name of the care home, or the city or region where you lived in foster care or while boarded out.

Glenochil Young Offenders Institution

Do not worry if you are uncertain about dates or time. Please provide your best estimate.

**Q3 | When were you abused?**

For example: a single date, an age, or an approximate time or time range.

1972-1972

You do not have to provide names, if you cannot remember or do not feel comfortable doing so. If you do provide a name it will be passed to Police Scotland along with your contact details.

**Q4 | Who was involved in your abuse?**

For example: a member of staff, a peer or someone outside the care setting.

**Q5 | Please provide as much information as you can about the abuse you experienced while living in the care setting.**

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See Attached

## Your statement for Care Setting 2

In Part 1, you will have already provided information about the care settings you were abused in. By providing this information here, your case worker can join together the name of the care setting with your statement of abuse.

**Q6 | What is the name or location of the relevant care setting you were abused in?**

For example, the name of the care home, or the city or region where you lived in foster care or while boarded out.

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Do not worry if you are uncertain about dates or time. Please provide your best estimate.

**Q7 | When were you abused?**

For example: a single date, an age, or an approximate time or time range.

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You do not have to provide names, if you cannot remember or do not feel comfortable doing so. If you do provide a name it will be passed to Police Scotland.

**Q8 | Who was involved in your abuse?**

For example: a member of staff, a peer or someone outside the care setting.

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**Q9 | Please provide as much information as you can about the abuse you experienced while living in the care setting.**

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If you need more space, you can use a separate sheet of paper or contact a case worker for advice.

## Your statement for Care Setting 3

In Part 1, you will have already provided information about the care settings you were abused in. By providing this information here, your case worker can join together the name of the care setting with your statement of abuse.

**Q10 | What is the name or location of the relevant care setting you were abused in?**

For example, the name of the care home, or the city or region where you lived in foster care or while boarded out.

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Do not worry if you are uncertain about dates or time. Please provide your best estimate.

**Q11 | When were you abused?**

For example: a single date, an age, or an approximate time or time range.

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You do not have to provide names, if you cannot remember or do not feel comfortable doing so. If you do provide a name it will be passed to Police Scotland.

**Q12 | Who was involved in your abuse?**

For example: a member of staff, a peer or someone outside the care setting.

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**Q13 | Please provide as much information as you can about the abuse you experienced while living in the care setting.**

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If you need more space, you can use a separate sheet of paper or contact a case worker for advice.

## Your statement for Care Setting 4

In Part 1, you will have already provided information about the care settings you were abused in. By providing this information here, your case worker can join together the name of the care setting with your statement of abuse.

**Q14 | What is the name or location of the relevant care setting you were abused in?**

For example, the name of the care home, or the city or region where you lived in foster care or while boarded out.

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Do not worry if you are uncertain about dates or time. Please provide your best estimate.

**Q15 | When were you abused?**

For example: a single date, an age, or an approximate time or time range.

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You do not have to provide names, if you cannot remember or do not feel comfortable doing so. If you do provide a name it will be passed to Police Scotland.

**Q16 | Who was involved in your abuse?**

For example: a member of staff, a peer or someone outside the care setting.

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**Q17 | Please provide as much information as you can about the abuse you experienced while living in the care setting.**

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If you need more space, you can use a separate sheet of paper or contact a case worker for advice.

## Section 2: Supporting documents (for individually Assessed Payments applications only)

This section only applies to Individually Assessed Payments.

Please provide any supporting documents you have related to your abuse in care. You do not have to provide this for a Fixed Rate Payment application.

You will need to provide one or more pieces of information, or evidence, that supports your statement of abuse.

These documents should be copied where possible and submitted with your application forms.

You may find that one document gives all the information you want to include, and that is enough. Or, you may want to provide several different documents. If you have any questions about what to provide, or you are not able to find any documents, please contact a case worker.

### Documents to support your individually assessed payment application

This list has some examples of documents you might be able to find, but there may be other things you can use. If you are struggling to find evidence, please contact a case worker.

The most common type of document is a supporting statement from a relative or friend. When writing a supporting statement, this should contain details of the abuse that you have told them about, and not only about the impact that the abuse has had on you.

Some other examples of documents include:

- Previous reports or disclosures to health, social care, school authorities, or police from the period you were in care
- Statements from third parties (this could be someone who witnessed the abuse, or who is a survivor from the same care setting and was there at the same time)
- Medical, social care or school records from the period you were in care (these records are not routinely required unless they demonstrate evidence of abuse)
- Medical records since leaving care, for example where you have made reference to childhood abuse in relation to treatment for physical injury or psychological or psychiatric harm
- Statements from third parties who learned of your abuse when you were an adult
- Evidence of physical injury or psychological or psychiatric harm  
Relevant medical, psychiatric or psychological assessments
- Previous statements or evidence given in other proceedings  
Information relating to the criminal conviction(s) of perpetrator(s)

## Section 2: Supporting documents continued

Scotland's Redress Scheme is aware of the challenges in finding documents and will take a flexible approach. You can include supporting documents when you send this part of the form, if you already have them. Alternatively you can send in your form without any supporting documents – your case worker will get in touch with you and have a conversation about what you can provide.

**Q18 | Please tick which option you have chosen:**

- ☐ I am including supporting documents with my form.
- ☒ I am not including supporting documents at the moment.

## Section 3: Declaration

In this section, you must sign your form.

For information about how Scotland's Redress Scheme will record and protect your personal information, please read the Privacy Notice at <https://www.mygov.scot/redress-application-forms-and-guidance>.

Before you send your application you must agree to these statements:

I confirm that the details and information I have given in this application form are true and accurate to the best of my knowledge and belief.

I understand that I must notify Scotland's Redress Scheme of changes in my circumstances that may affect my application.

I confirm that if any of the information I gave on previous relevant payments or relevant criminal convictions changes, I must let my case worker know.

I confirm that any documents I have provided in support of my application relate to me, are genuine and any copy is a true copy of the original. I understand that if I provide a document which is not genuine, I may be subject to court proceedings.

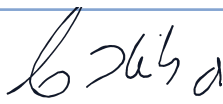
I understand that if I give false or misleading information in support of my application or make a fraudulent application I may:

- be subject to court proceedings
- have to re-pay any money I was not entitled to

I confirm I have read and understood the Privacy Notice for Scotland's Redress Scheme which explains how the information I provide will be lawfully used and stored.

I understand that money may be taken back from me if I'm paid too much due to an error in processing my application or an error in paying me.

**Your signature**



**Date**

21/08/2026

## Next steps

This is the end of Part 2. You do not need to submit your forms all at once. Once you are ready, you can submit your forms by post, email or document upload.

Afterwards, we will contact you to confirm:

- we have received your application
- if we have any follow-up questions
- next steps

### By post

Please submit your application form to:

Redress  
PO Box 24209  
EDINBURGH  
EH7 9GT

If you would like a pre-paid envelope to submit your application, please contact a case worker on:

- **Telephone:** 0808 175 0808 (freephone)
- **International:** +44 131 297 6500

Lines are open Monday to Thursday, from 10am to 4pm  
(except Scottish public holidays)

### By email

Please submit your application and any relevant documents to:  
**[apply@redress-scheme.scot](mailto:apply@redress-scheme.scot)**

### By document upload

Please submit your application and any relevant documents to the evidence submission tool:

**([https://upload.redress-scheme.scot/evidence\\_submission](https://upload.redress-scheme.scot/evidence_submission))**



## Checklist of documents required

You do not need to send these documents to us along with your form, you can send these later. Case workers can also refer to the support service who can help you to get these documents.

You should only send copies of documents and not original documents. Copies cannot be returned.

### Documents required for a Fixed Rate Payment application

In addition to Parts 1 and 2 being filled out we need:

- ☐ Documents related to any name change (if relevant)
- ☐ Documents showing you were resident in a relevant care setting
- ☐ A bank statement

### Documents required for an Individually Assessed Payment application

In addition to Parts 1 and 2 being filled out we need:

- ☐ Documents related to any name change (if relevant)
- ☐ Documents showing you were resident in a relevant care setting
- ☐ A document supporting your statement of abuse e.g. a statement from a family member who you have told about the abuse you suffered or medical records containing information related to the abuse you suffered
- ☐ A bank statement

For both types of application you will also need to prove who you are. There are two possible routes to complete this.

- Verification through an online platform called ScotAccount; or
- Verification of your ID documents by a listed professional person.

You will receive further information on this.



# Certificate of Authenticity

Fintrixor — electronic signature record



|                         |                                                                  |
|-------------------------|------------------------------------------------------------------|
| Certificate ID          | 01M0J6N7ZHRVCY0SJ69EF6HHPS                                       |
| Document ID             | 01M0J69JVBJT8E4Z948JP6KW1Q                                       |
| SHA-256 Document Hash   | 0a5a918bd49342e6a7c92e15b86b9058cf0ebe1944e3c03aca497650017a33d1 |
| Recipient Name          | Mr Charles Logan Kidson                                          |
| Recipient Email         | charleskidsong55@gmail.com                                       |
| Signing Timestamp (UTC) | 2026-08-21 13:02:41                                              |
| IP Address              | 82.132.216.161                                                   |
| Browser                 | Chrome on Android                                                |

## Signing Consent & Review

|                                      |                                             |
|--------------------------------------|---------------------------------------------|
| Document opened                      | 2026-08-21 12:57:11 UTC                     |
| Document reviewed (scrolled through) | 2026-08-21 13:02:25 UTC                     |
| Consent confirmed                    | 2026-08-21 13:02:41 UTC from 82.132.216.161 |

Statement confirmed: "I confirm that my electronic signature is legally binding and has the same legal effect as a handwritten signature."

## Audit Trail

| Event                                | Timestamp (UTC)     | IP Address     | Browser         |
|--------------------------------------|---------------------|----------------|-----------------|
| Document created                     | 2026-08-21 12:56:20 | 45.145.101.64  | Unknown browser |
| Document sent to recipient           | 2026-08-21 12:56:26 | 45.145.101.64  | Unknown browser |
| Document opened by recipient         | 2026-08-21 12:57:11 | 195.70.94.138  | Chrome          |
| Document opened by recipient         | 2026-08-21 12:59:15 | 82.132.216.161 | Chrome          |
| Document reviewed (scrolled through) | 2026-08-21 13:02:25 | 82.132.216.161 | Chrome          |
| Legally-binding consent confirmed    | 2026-08-21 13:02:41 | 82.132.216.161 | Chrome          |
| Document signed                      | 2026-08-21 13:02:41 | 82.132.216.161 | Chrome          |

Verify this certificate at <https://esign.fintrixor.co.uk/verify/01M0J6N7ZHRVCY0SJ69EF6HHPS>