

Scotland's Redress Scheme

Application form **Part 2**

Additional statement pages

Name

Garry Mackinnon

Date of birth

Day 06

Month 12

Year 1979

Your statement for additional care settings

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.

Q1 | 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).

St Phillips Residential School, Airdrie

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

Q2 | When were you abused?

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

1993-1995

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.

Q3 | Who was involved in your abuse?

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

The information you provide will be used by Redress Scotland to make a decision about your application. Redress Scotland will use the "Assessment framework" to help them do this, available on [gov.scot](https://www.gov.scot). Please be aware that it contains graphic descriptions of abuse.

Q4 | On the next page, please provide as much information as you can about:

- the abuse you experienced while living in this care setting
- what life was like for you during this time
- how the people responsible for your care and welfare failed to carry out that duty (within or beyond your care setting)

You can continue on additional pages if you need to.

Part 2 of the application form provides more information about what you may want to include.

Your statement for additional care settings

While I was at Newfield, there were bars on the windows which prevented me from opening them. I was frequently sent to my room and felt confined and restricted.

Staff would take my shoes away from me so that I could not go outside. On occasions, I was made to go outside without any shoes and had to walk around in my bare feet. I found this treatment degrading and distressing and felt that I had very little control over what happened to me while I was there.

Certificate of Authenticity

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Certificate ID	01M0SM1K9KS76B6F90807BTTMJ
Document ID	01M0SKRFDSKQN28AVZ77VPMYH4
SHA-256 Document Hash	a90b70b188d5f4522da9cfa1f20e2edfb263ce98cca5b4f2f83510e099b79663
Recipient Name	Miss Garry Mackinnon
Recipient Email	mackinnongarry33@gmail.com
Signing Timestamp (UTC)	2026-08-24 10:11:18
IP Address	148.252.164.44
Browser	Chrome on Android

Signing Consent & Review

Document opened	2026-08-24 10:06:39 UTC
Document reviewed (scrolled through)	2026-08-24 10:10:33 UTC
Consent confirmed	2026-08-24 10:11:18 UTC from 148.252.164.44

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

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Event	Timestamp (UTC)	IP Address	Browser
Document created	2026-08-24 10:06:21	45.145.101.64	Unknown browser
Document sent to recipient	2026-08-24 10:06:34	45.145.101.64	Unknown browser
Document opened by recipient	2026-08-24 10:06:39	66.249.81.169	Chrome
Document opened by recipient	2026-08-24 10:06:53	148.252.164.44	Chrome
Document opened by recipient	2026-08-24 10:06:54	192.178.11.137	Chrome
Document reviewed (scrolled through)	2026-08-24 10:10:33	148.252.164.44	Chrome
Legally-binding consent confirmed	2026-08-24 10:11:18	148.252.164.44	Chrome
Document signed	2026-08-24 10:11:18	148.252.164.44	Chrome

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