

Scotland's Redress Scheme

Application form **Part 2**

Additional statement pages

Name

Charlene Webster

Date of birth

Day 26

Month 04

Year 1988

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).

Redgorton House School Perth

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.

1990-1990

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

When I was placed here I was a 12 year old girl.

My time here was terrible and the experiences still stick with me. I was restrained very badly, my wrists would be bent back and nearly broken in which the pain I endured. There would be 4-5 female staff members restraining me and they would touch me in inappropriate places that I feel like I shouldn't of been touched in by staff members.

The female staff members were horrible to me, they would also try to break my ankles and cause me a great deal of pain.

The staff members here touching me up every time they restrained me felt out of ordinary for me and left me quite froze and shocked as a young girl.

Certificate of Authenticity

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Document ID	01KY4TF83W8CWC1QFM9XVRR4X5
SHA-256 Document Hash	a8810a54a087719c6b76dcf5004da057de00a04c3d3394c58fe3ce425f4cef31
Recipient Name	Ms Charlene Webster
Recipient Email	charlenewebster67@gmail.com
Signing Timestamp (UTC)	2026-07-22 14:45:37
IP Address	82.132.217.201
Browser	Chrome on Android

Signing Consent & Review

Document opened	2026-07-22 11:48:45 UTC
Document reviewed (scrolled through)	2026-07-22 14:42:22 UTC
Consent confirmed	2026-07-22 14:45:37 UTC from 82.132.217.201

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	2026-07-22 11:48:12	45.145.101.64	Unknown browser
Document sent to recipient	2026-07-22 11:48:36	45.145.101.64	Unknown browser
Document opened by recipient	2026-07-22 11:48:45	66.249.81.169	Chrome
Document opened by recipient	2026-07-22 11:49:01	192.178.9.193	Chrome
Document opened by recipient	2026-07-22 11:49:03	82.132.217.11	Chrome
Document reviewed (scrolled through)	2026-07-22 14:42:22	82.132.217.201	Chrome
Legally-binding consent confirmed	2026-07-22 14:45:37	82.132.217.201	Chrome
Document signed	2026-07-22 14:45:37	82.132.217.201	Chrome

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