

Scotland's Redress Scheme

Application form **Part 2**

Additional statement pages

Name

Diane Clements

Date of birth

Day 28

Month 11

Year 1971

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).

Howdenhall Centre

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.

1984

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

I was then placed in Howdenhall Assessment Centre after a space became available for me. My time there was not a positive experience. There were several incidents that I still remember.

I continued to run away while I was living there, and when I returned, I was punished. I was often locked in my room and isolated for long periods of time. I experienced what felt like mental and emotional abuse, and I often felt neglected and very lonely.

Certificate of Authenticity

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Document ID	01KZP68A75T004F6TT7F3E752X
SHA-256 Document Hash	3a44266cd3decf099267b16c1901872f15d14f650cb90d54314db1a280c92679
Recipient Name	Miss Diane Clements
Recipient Email	dianeclements102@gmail.com
Signing Timestamp (UTC)	2026-08-10 16:02:41
IP Address	82.39.14.192
Browser	Chrome on Android

Signing Consent & Review

Document opened	2026-08-10 15:58:36 UTC
Document reviewed (scrolled through)	2026-08-10 16:02:21 UTC
Consent confirmed	2026-08-10 16:02:41 UTC from 82.39.14.192

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	2026-08-10 15:56:54	45.145.101.64	Unknown browser
Document sent to recipient	2026-08-10 15:57:03	45.145.101.64	Unknown browser
Document opened by recipient	2026-08-10 15:58:36	82.39.14.192	Chrome
Document reviewed (scrolled through)	2026-08-10 16:02:21	82.39.14.192	Chrome
Legally-binding consent confirmed	2026-08-10 16:02:41	82.39.14.192	Chrome
Document signed	2026-08-10 16:02:41	82.39.14.192	Chrome

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