

CONFIDENTIAL HEARING REGISTRATION FORM

Thank you for your interest in participating in a confidential hearing!

First of all we would like to use this form to ask you a few questions in order to be able to prepare a hearing that is appropriate for you. You can decide for yourself which questions you want to answer and those that you do not.

Completing the form should take around 5 minutes. Answering the questions might well trigger unpleasant feelings so you are welcome to call the service hotline for support or personal relief. You can also complete the form online together with a member of our staff.

You can reach our service hotline using the following telephone number:



0800 40 300 40 (free-of-charge and anonymous in 18 languages)

Monday, Wednesday and Friday from 9 am to 2 pm and Tuesday and Thursday from 3 pm to 8 pm.

Please send the completed registration form to:

**Office of the Independent Inquiry into Child Sexual Abuse Issues,
Unabhängige Kommission zur Aufarbeitung sexuellen Kindesmissbrauchs
Postfach 110129,
10831 Berlin**

or to:

kontakt@aufarbeitungskommission.bund.de

1. Were you subjected to sexual abuse during your childhood?

Please choose at least one answer:

Yes

No, I am a relative

No, I am a witness

2. Where did the abuse occur?

Please choose at least one answer:

In the Federal Republic of Germany

In the former GDR

Abroad

3. During which period did the abuse take place?

Optional details

From (year) to

4. How old were you at the time?

In case you are a witness: How old was the survivor at the time?

Optional details

Aged from to

5. In which environment did the abuse take place?

Optional details, multiple choices are possible:

In the family

In a social environment (private lessons, neighbourhood, etc.)

In an institution (e.g. daycare centre, school, boarding school, home, sports, church, doctor's surgery)

Through organised violence
By external perpetrators
Online or in digital media

Would you like to add anything else?

6. Which gender do you consider yourself to be?

Optional details

Female
Male
Diverse

7. Have you been subject to discrimination, related or unrelated to the sexual abuse, on the basis of...

Optional details

Race, ethnicity or citizenship
Religion or spirituality

Gender, gender identity or sexual orientation
Disability or chronic disease

8. You want to tell us your story. What do you need for the interview? What do we need to take note of?

Optional details. Multiple choices are possible:

Do you need...
Translating into sign language

To use an easy language
Translating into another language

Do you need barrier-free access, for example for a wheelchair or walker?

Yes

No

Will you be accompanied by...

An assistant?

A trusted person?

An assistance dog?

A guide dog?

Do you have any other comments or questions?

Optional details

Your message to the Inquiry:

How did you find out about the Inquiry and this website?

Optional details, multiple choices are possible

Press/radio/TV

Internet

Social media

Specialist counselling centre

Therapist

Other survivors/survivor networks

Miscellaneous

Your contact details

We need your consent to process your personal details in order to be able to process your enquiry.

You can revoke your consent at any time in writing - or by sending an e-mail to: kontakt@aufarbeitungskommission.bund.de. We are allowed to process your details lawfully up to then. You can find detailed information about this in our data protection declaration.

First name

Surname

Street

House No.

Postcode (required)

Town

Federal state

E-mail (required)

Telephone