

Residential Institutions Redress Board,
Belfield Office Park,
Beech Hill Road
Clonskeagh,
Dublin 4
Ireland.

**RESIDENTIAL INSTITUTIONS REDRESS ACT, 2002
APPLICATION FORM**

- Please note that there is a separate form for making an application on behalf of a person who has died since 11 May 1999.
- Please complete this form legibly using **BLOCK CAPITALS** and a black pen
- Please tick boxes as appropriate
- Please note that failure to complete this form as fully as possible may delay consideration of your application by the Board
- Please send the completed form either by registered post or by delivery to the Board's office at the above address

1. Details of the injured person

Last name:

Maiden name:

First name(s):

Any other first or last name(s) used:

Any other name(s) by which you were known in any institution:

Date of birth:

Day	Month	Year
-----	-------	------

Sex: Male Female

Address:

.....

.....

Daytime telephone no:

P.P.S./National Insurance no:

- *Having regard to your age and state of health the Board may be able to give priority to your application. If you are seriously ill please ask your medical adviser for a medical report and attach it to your application.*

2. Evidence of Identity

- *Please provide the originals or solicitor's certified copy of any two of the following documents:*

- (a) *Passport*
- (b) *Driving Licence*
- (c) *Birth Certificate*
- (d) *Marriage Certificate*
- (e) *Pension Book*
- (f) *Social Welfare Cards/Documentation*
- (g) *A recent electricity, gas or other utilities bill*
- (h) *Any other official document vouching identity.*

- *Please state your home address when you were first placed in an institution:*

3. Details of person applying on behalf of an injured person

- *This section should only be completed where you are applying on behalf of another person*
- *An application may be made on behalf of an injured person if –*
 - (1) *The injured person is under the age of 18 years at the time of the application; or*
 - (2) *The injured person is incapable of managing his or her own affairs at the time of the application.*

I am making this application on behalf of an injured person for the following reason:

- The injured person is under the age of eighteen years
- The injured person is incapable of managing his or her own affairs

My last name(s):

First name(s):

Relationship to the injured person:

.....

Address:

.....

.....

.....

Daytime telephone no:

.....

.....

4. Details of your Solicitor (if any)

- *The reasonable costs and expenses incurred by you relating to the preparation and presentation of your application, including those in relation to your legal representation, if any, will be paid by the Board*
- *Please note that if you are represented by a solicitor—*
 - (i) *you continue to remain personally responsible for all information provided to the Board*
 - (ii) *all correspondence in connection with your application will be sent directly to your solicitor*

Solicitor's name:

.....

Business address:

.....

.....

.....

.....

.....

Telephone no:

.....

Email address (if any):

.....

Signature of Solicitor: _____ & Co
Solicitor for the Applicant.

- *Please note that both you and your solicitor must inform the Board immediately if you change your solicitor or if he or she ceases to act for you for any reason*

5. Institution(s) in which the injured person was resident

- Please give the names and addresses of all institutions in which you, or the person on whose behalf you are applying, were resident and the dates of residence as precisely as possible.
- Please also state, if you can, any number given to the injured person in the institution.

Name of Institution:	Address:	Dates of residence:		Number given in the institution
		From:	To:	

6. Description of abuse suffered by the injured person

- Please provide a written account of any sexual, physical or emotional abuse or any neglect which you, or the person on whose behalf you are applying, suffered while resident in any institution named in this application, and attach it to this form.

Closing Date for Application was 15 December 2005

- Please provide the Board with the following details, if you can

Place(s) where abuse occurred	Approximate date(s) when abuse occurred	Name(s) of person(s) who committed abuse

15 December 2005

7. Description of injuries resulting from abuse

- Please provide a written account of the injuries resulting from the abuse with reference to the following:

- Physical or psychiatric injury.
- Psychological, social and educational difficulties.
- Loss of employment or other opportunity,

and attach it to this form

• THE BOARD SHOULD BE PROVIDED WITH A MEDICAL REPORT OR MEDICAL REPORTS RELATING TO THESE INJURIES

- If you or the person on whose behalf you are applying, have attended any medical or other practitioner or any hospital for treatment of these injuries, please provide the following information where possible:

Name of practitioner/hospital	Address	Dates attended

8. Other evidence in support of this application

Do you, or the person on whose behalf you are applying, wish to give oral evidence to the Board in respect of this application?

Yes No

Do you, or the person on whose behalf you are applying, wish the Board to request a person or body to produce an existing document which you or the person on whose behalf you are applying have been unable to obtain and which is relevant to identity, residence in an institution, or the abuse or injury suffered?

Yes No

If "yes", please describe the document, and state the person or body from whom it is sought, and the address of that person or body.

Description of document:	Person or body from whom document is sought	Address of that person or body:

9. Civil or criminal proceedings arising from abuse

Have you, or the person on whose behalf you are applying, ever made a statement to the Gardai/police about the abuse suffered by you or that person?

Yes No

If "yes" please give details

Name of Garda/police officer:

Garda/Police station:

Date when statement made:

- Please provide a copy of the statement, if available.

Have you, or the person on whose behalf you are applying, brought any proceedings for damages against any person or body arising out of any matter referred to in this application?

Yes No

Have you, or the person on whose behalf you are applying, received damages by way of a settlement or a court award in respect of any action arising out of any matter referred to in this application?

Yes No

10. Expenses

- *If you, or the person on whose behalf you are applying, wish to make a claim for medical and other expenses please provide full details of such claim to the Board prior to any settlement or hearing.*
- *A form for giving details of expenses will be provided to you by the Board on request.*

11. Settlement of application by agreement

Do you wish the Board to consider the possibility of settling this application without a hearing?

Yes No

12. Interim Award

Do you wish to be considered for an interim award?

Yes No

13. If you wish to add anything to the information you have given above, please do so in the space below:

.....

.....

.....

.....

.....

14. DECLARATION

PLEASE READ THIS SECTION CAREFULLY BEFORE YOU SIGN THIS FORM

- I declare that the information which I have given in this form is true to the best of my knowledge, and understand that I am personally responsible for it.
- I understand that the Board may request any person to produce to it any document which may relate to this application.
- I agree to tell the Board in writing if there are any changes either in my circumstances or those of the person on whose behalf I am applying before any settlement or the making of an award.
- I agree to inform the Board if I or the person on whose behalf I am applying receive damages or compensation from any source for any or all of the injuries in respect of which this application is made.
- I agree to give the Board full assistance in the conduct of this application.
- I understand that this application and all attachments may be provided to any person and to the representative of any institution named in this application.

*Signature of injured person:

*Signature of person applying on behalf of injured person:

Date:

*As applicable

PLEASE NOTE:

- (a) Giving false information or evidence to the Board is an offence,
- (b) It is in the interests of all applicants to read the guides to the Scheme issued by the Board.

Closing Date for Applications was 15 December 2005

14. DOCUMENTS ENCLOSED WITH THIS APPLICATION

- Applicants are reminded that this application form and any other documents must be sent to the Board either by registered post or by delivery to the Board's office.

The originals or solicitor's certified copy of the following documents are enclosed with this application:

1. Passport
2. Driving Licence
3. Birth Certificate
4. Marriage Certificate
5. Pension Book
6. Social Welfare Cards
7. Electricity, Gas and Utilities Bills

The following documents are also enclosed with this application:

8. Medical Report certifying ill-health of injured person
9. Proof of Incapacity of injured person
10. Authority of Applicant to act on behalf of injured person
11. Evidence of residence in institution
12. Written account of abuse
13. Written account of injuries
14. Medical reports relating to injuries consistent with abuse
15. Other (please specify):

- The Board will photocopy the original of any of the documents numbered 1 to 7 above received by it, and return them to you by registered post as soon as possible.
- Please note that documents are sent at your risk and while the Board will take all reasonable steps to safeguard them while in its possession, the Board cannot be held liable in the event of any loss or damage which may arise.

PLEASE AFFIX A CURRENT PASSPORT SIZED PHOTOGRAPH OF THE INJURED PERSON TO THE BOX BELOW.

