

### Application Form

- Please complete this form using BLOCK CAPITALS
- Please tick all boxes as appropriate
- Please note that failure to complete this form as fully as possible may delay consideration of your application
- An acknowledgment will automatically issue within three weeks of receipt of your application
- Please send the completed form to the following address:

Department of Justice and Equality, 3<sup>rd</sup> Floor, Montague Court,  
7-11 Montague Street, Dublin 2

<b>1. Personal Information</b>
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Surname: .....

Maiden name: .....

First name(s): .....

Any other first or last name(s) used: .....

Any other name(s) by which you were known in the Institution: .....

Date of birth:

Day	Month	Year
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Current Address: .....  
.....  
.....

Daytime telephone no: .....

Email address: .....

P.P.S./National Insurance no.\* .....  
\*mandatory

**2. Evidence of Identity**

- Please forward a photocopy of each of the following
  - a) Birth Certificate (long version)
  - b) Proof of your PPS number
  - c) Proof of your address e.g. utility bill etc.
  - d) Official photographic ID e.g. passport, driving licence, travel pass etc.
  - e) A passport size photo of the applicant.
  
- Please state your home address when you were first placed in the Institution:

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**3. Details of person applying on behalf of an applicant who needs assistance completing the application**

- This section should only be completed where you are applying on behalf of another person.
- An application may be made on behalf of an applicant if the applicant is incapable of managing her own affairs at the time of the application.
- This Scheme will only apply to persons who were in the Magdalen laundries, St. Mary's Training Centre Stanhope Street and House of Mercy Training School, Summerhill, Wexford. Relatives of deceased women are not covered by the Scheme with one exception. Where a woman was alive on 19 February 2013 and an expression of interest has been registered, an application will be processed to finality even if the woman passes away before a payment can be made.

My surname(s): .....

First name(s): .....

Relationship to the applicant: .....

Address: .....  
.....  
.....

Daytime telephone no.: .....

Email address: .....

**4. Institution(s) in which the applicant was resident**

- Please give the names and addresses of the institution(s) in which you, or the person on whose behalf you are applying, were resident and the dates of residence as precisely as possible. A list of the institutions considered relevant to the Scheme is attached for reference.
- Please also state any name or number given to the applicant in the institution.
- Please forward a copy of any records relating to your time in the institution with your application. If you have not previously requested records, information on how to proceed is attached. If you have not been able to obtain records relating to your time in the institution, copies of correspondence with the religious congregations seeking records and their reply should be included.

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

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

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**6. 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 Department of Justice and Equality may request any person to produce to it any document which may relate to this application
- I agree to tell the Department of Justice and Equality 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 making of an award.
- I agree to give the Department of Justice and Equality 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.
- I consent to the provision of personal information to the Department of Justice and Equality by any Government Department, agency, health or educational institution and the religious congregations for the purpose of verification in relation to my application.

\*Signature of applicant: \_\_\_\_\_

\*Signature of person applying on behalf of an applicant: \_\_\_\_\_

Date: \_\_\_\_\_

\*As applicable

**7. Documents enclosed with this application**

Checklist:

- Please tick the relevant box to indicate which documents are enclosed with this application.

Photocopies of the following documents are enclosed with this application:

1.  Birth Certificate
  2.  Proof of PPS number
  3.  Proof of Address e.g. utility bill
  4.  Official photographic ID e.g. passport, driving licence, travel pass
  5.  Records or other evidence of residence in institution
  6.  Passport size photograph of the Applicant
  7.  Other (please specify):
- If it is not possible for you to make a photocopy of the original document, please forward your application, and original documents, by registered post or delivery. The Department of Justice and Equality will photocopy the original of any of the documents received by it, and return them to you by registered post as soon as possible.
  - Please note that documents are sent at your own risk and while the Department of Justice and Equality will take all reasonable steps to safeguard them while in its possession, the Department cannot be held liable in the event of any loss or damage which may arise.

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

PHOTOGRAPH