

## Magdalen Restorative Justice Ex-gratia Scheme

### Application Form

In respect of women who were admitted to and worked in the 10 Magdalen institutions as well as St. Mary's Training Centre Stanhope Street and the House of Mercy Domestic Training School, Summerhill, Wexford. A list of these institutions is attached at appendix A.

- 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:

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

#### 1. Personal Information

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 |
|-----|-------|------|

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.

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 covered by the Scheme is attached for reference at appendix A.
- 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 from the religious congregations, contact details for the relevant congregation are attached at Appendix A. If you have not been able to obtain records relating to your time in the institution, copies of correspondence with the religious congregations seeking those records and their reply should be included.

| Name of Institution | Address | Dates of residence |     | Name/<br>number<br>given in<br>the<br>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 that I have given in this form is true to the best of my knowledge, and understand that I am personally responsible for it.
- I agree to tell the Department of Justice and Equality in writing if there are any changes in either 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 the representative of any institution named in this application.
- I understand that the Department of Justice and Equality may request my personal data from other Government Departments, agencies, health or educational institutions, the religious congregations and hostels owned or operated by religious congregations or other non-religious operated hostels. This information will be used only for the verification of my application to the Magdalen Restorative Justice Ex-Gratia Scheme.
- I consent to my personal data relating to this application being obtained by the Department of Justice and Equality from other Government Departments, agencies, health or educational institutions, the religious congregations and hostels owned or operated by religious congregations or other non-religious operated hostels and shared with the Department of Justice and Equality for the purposes of this application. I understand that I have the right to withdraw consent at any time and may do so by contacting the Restorative Justice Implementation Unit.

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

Print Name: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

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 – Long Form
  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):
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- 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

**Appendix A**

| Religious Congregation                                                                                                                                                                                                                                               | Relevant Institution                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><i>Good Shepherd Sisters</i></b>                                                                                                                                                                                                                                  |                                                                                                                                                                                                                            |
| <p>Sr. Brid Mullins<br/>Good Shepherd Provincialate</p> <p>Ring: Sr. Brid Mullins<br/>021 - 4503815 or 0872724436<br/>Email: <a href="mailto:mbridmullins@gmail.com">mbridmullins@gmail.com</a></p>                                                                  | <p>St Mary's Cork Road, Waterford<br/>St Mary's New Ross, Wexford<br/>St Mary's Pennywell Road, Limerick<br/>St Mary's Sunday's Well, Cork.</p>                                                                            |
| <b><i>Sisters of Our Lady of Charity</i></b>                                                                                                                                                                                                                         |                                                                                                                                                                                                                            |
| <p>Write to:<br/>The Ministries Desk<br/>Sisters of Our Lady of Charity<br/>63 Lower Sean McDermott Street<br/>Dublin 1</p> <p>Ring: Ms Valerie Coonagh<br/>01 8711109 or 0877719723<br/>Email: <a href="mailto:ministriesdesk@olc.ie">ministriesdesk@olc.ie</a></p> | <p>St Mary's Refuge, High Park, Grace Park Road, Drumcondra, Dublin 9</p> <p>Monastery of Our Lady of Charity, Sean McDermott Street (formerly Gloucester Street), Dublin 1</p>                                            |
| <b><i>Sisters of Mercy</i></b>                                                                                                                                                                                                                                       |                                                                                                                                                                                                                            |
| <p>Write to:<br/>Ms. Marianne Cosgrave<br/>Catherine McAuley Centre<br/>23 Herbert Street<br/>Dublin 2</p> <p>Ring: Ms. Marianne Cosgrave<br/>01-6387521<br/>Email: <a href="mailto:info@mercyarchive.ie">info@mercyarchive.ie</a></p>                               | <p>Magdalen Asylum / Magdalen Home, 47 Forster Street, Galway</p> <p>St Patrick's Refuge, Crofton Road, Dun Laoghaire, Co. Dublin</p> <p>Summerhill Training Centre, Wexford (Laundry operated in the Training Centre)</p> |
| <b><i>Sisters of Charity</i></b>                                                                                                                                                                                                                                     |                                                                                                                                                                                                                            |
| <p>Write to:<br/>Sr. Christina Gorman<br/>Mary Aikenhead House<br/>St. Mary's Donnybrook<br/>Dublin 4</p> <p>Ring: Sr. Christina Gorman<br/>01-2698744 or 0872127245<br/>Email: <a href="mailto:generalate@rsc Caritas.com">generalate@rsc Caritas.com</a></p>       | <p>St Mary Magdalen's, Floraville Road, Donnybrook, Dublin</p> <p>St Vincent's, St Mary's Road, Peacock Lane, Cork</p> <p>St Mary's Stanhope Street (Laundry operated in the Training Centre)</p>                          |

