



HISTORICAL INSTITUTIONAL ABUSE (HIA) REDRESS BOARD APPLICATION FORM

Please read the following important information before filling in the form

1. This form must be completed to make an application for compensation to the Historical Institutional Abuse Redress Board (Redress Board).
2. The Redress Board Guidance for Applicants document contains information to assist you when completing the application form. Further information can also be found on the Redress Board website: www.hiaredressni.uk. Alternatively, you can contact the Board on 02890 569147.
3. We understand that completing this form may be difficult. A family member, friend or colleague may be able to provide support. Advice can also be provided by a legal representative. If you are considering whether to make an application you can contact the Office of the Commissioner for Survivors of Institutional Childhood Abuse (COSICA) who can provide general advice and information. COSICA can be contacted via email (Info@cosica-ni.org) or telephone (028 9089 3977).
4. If you are in distress and need to speak to someone urgently you can call Lifeline for free on 0808 8088000 from UK landlines and mobiles, 24 hours a day, 7 days a week.
5. You can only submit one application to the Redress Board. However, your application can refer to each of the relevant residential institutions in Northern Ireland in which you stayed.
6. We understand that it may be difficult for you to remember exact details such as dates. However, please do your best to provide as much detail as you can. Similarly, if you are completing this form on behalf of someone else, please provide as much information as possible.
7. In this application form you will be asked whether or not you took part in the Inquiry into Historical Institutional Abuse (the Hart Inquiry). This refers to the public part of the HIA Inquiry and not the private and confidential Acknowledgement Forum. If you did provide evidence to the Hart Inquiry you do not need to provide any further evidence unless you wish to do so. We will obtain a copy of your evidence from the Public Records Office Northern Ireland (PRONI) on your behalf. To help us to do this you will need to provide your HIA reference number, if you can recall it.
8. We recognise the importance of keeping all personal and sensitive information secure. We are committed to ensuring that all personal data is processed lawfully, fairly and in a transparent manner. You can read the Redress Board's Privacy Notice at: www.hiaredressni.uk.
9. Please be aware that the information contained within this application may be provided to the police in accordance with the Criminal Law Act (Northern Ireland) 1967.

The Legislation

The Historical Institutional Abuse (Northern Ireland) Act 2019 (“the Act”) provided the legal framework for the establishment of the Redress Board, as recommended by the Hart Inquiry.

Section 2(2) of the Act describes the types of abuse which the Redress Board can consider. These include:

- (a) *having suffered sexual, physical or emotional abuse or neglect or maltreatment;*
- (b) *having witnessed one or more other children suffer abuse of a kind referred to in paragraph (a);*
- (c) *having otherwise been exposed to a harsh environment; or*
- (d) *having been sent to Australia under the programme commonly known as the “Child Migrants Programme”.*

Section 12(2) of the Act sets out the amounts of compensation which the Redress Board can award. These amounts are:

- (a) *an amount of £10,000;*
- (b) *an amount not exceeding £70,000 if the panel is satisfied that an additional amount is justified by the severity of the matters raised by the application; and*
- (c) *an amount of £20,000 if the application is made by or in respect of a person who was sent to Australia under the programme commonly known as the “Child Migrants Programme”.*

How to complete this application form

- Please complete this form using black ink and block capitals .
- All applicants **must** complete **Part 1 (Personal Details)**.
- **Parts 2, 3 and 4.** Each applicant **must** complete at least one of these parts. It is for the applicant to decide which part (or combination of parts) is relevant to their application.
- If you are applying for an award of compensation under **Section 12(2)(a)** of the Act (£10,000) **only**, please complete **Part 2**.
- If you are applying for an award of compensation under **Section 12(2)(a) & (b)** of the Act (an amount not exceeding £80,000), please complete **Part 3**. If you are completing **Part 3**, there is no need to complete **Part 2**.
- If you are applying for an award of compensation under **Section 12(2)(c)** of the Act (£20,000), please complete **Part 4**.
- All applicants **must** complete and sign the declaration at **Part 5** and return the completed application form, along with the supporting documentation of identification and any supporting evidence to the address on Page 12.

PART 1 – PERSONAL DETAILS

A – Applicant's Personal Details

First name(s):	<input type="text"/>
Last name:	<input type="text"/>
Any former name(s) by which you were known at an institution (if applicable):	<input type="text"/>
Any number or nickname by which you were known at an institution (optional):	<input type="text"/>
Your date of birth (DD/MM/YYYY):	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Your National Insurance Number (if applicable):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Your current address:	<input type="text"/>
	<input type="text"/> Postcode
Your preferred contact telephone number:	<input type="text"/>
Your email address:	<input type="text"/>

Note:

Please complete this form using black ink and block capitals.

Note:

You only need to provide details of your number or nickname at an institution if you feel this may help the Redress Board to confirm your attendance at the institution.

Please provide details of your legal representative (if applicable):

Name of your legal representative:	<input type="text"/>
Legal representative's email address:	<input type="text"/>
Legal representative's telephone number:	<input type="text"/>

B – Details of the Deceased

Please complete this Part **only** if you are applying on behalf of a person who died on or after 28 April 1953.

Deceased's first name(s):	<input type="text"/>
Deceased's last name:	<input type="text"/>
Any former name(s) by which the deceased was known at an institution (if applicable):	<input type="text"/>
Any number or nickname by which the deceased was known at an institution (optional):	<input type="text"/>
Deceased's date of birth (DD/MM/YYYY):	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Deceased's National Insurance Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of death (DD/MM/YYYY):	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Your relationship to the deceased:	Spouse <input type="checkbox"/> Civil partner <input type="checkbox"/> Co-habiting partner <input type="checkbox"/> Child <input type="checkbox"/>

Note:

An application on behalf of someone who died can only be made by the deceased's surviving spouse, civil partner or cohabiting partner, or a surviving child of the deceased.

C – Person Acting on an Applicant’s Behalf

Please complete this Part **only** if you are **acting on behalf of the applicant** whose details have been set out in Part A, because they are incapable of managing their own affairs at this time.

First name(s):	<input type="text"/>
Last name:	<input type="text"/>
Your preferred contact telephone number:	<input type="text"/>
Your email address:	<input type="text"/>

Note:

You must complete C if you have been appointed as controller or have power of attorney to deal with the day-to-day affairs of the applicant.

D – Proofs of ID and other Supporting Documentation

An application form **must** be supported by an acceptable form of ID. This is required to validate your application.

An application under **A, B or C** must be supported by the following documents:

- ☐ Certified copy of applicant’s birth certificate;
- ☐ Certified copy of photographic identity of applicant;
- ☐ Proof of any name change since attending an institution.

An application under **B must also** be supported by the following attachments:

- ☐ Certified copy of deceased’s death certificate;
- ☐ Certified copy of the will, if one was made;
- ☐ Certified copy of grant of probate or letters of administration;
- ☐ Certified copy of any proof of relationship between spouse/child and the deceased.

An application under **C must also** be supported by the following attachments:

- ☐ Evidence of authority to act on behalf of the applicant.

Note:

Copy documents can be certified by a solicitor, notary public or GRONI. See Page 3, Paragraph 8 of Guidance for Applicants. Please do not send original documents as these cannot be returned.

Note:

See Page 4 Paragraph 12 of the Guidance for Applicants for a list of acceptable photographic ID.

E – Applicant’s Health

If the applicant is suffering from a terminal or critical illness, or other life-limiting condition, the Redress Board may decide to prioritise an application.

Does the applicant suffer ill health as described above?

☐ Yes ☐ No

If you tick yes you **must attach a copy of any supporting documentation** of the above condition. Please number and list the attached proof in the table below.

Number	Description of proof attached
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Note:

Evidence of critical illness may include a letter from a GP or hospital.

PART 2 – A STANDARD CLAIM UNDER SECTION 12(2)(a) OF THE ACT (£10,000)

Please complete this part if you are applying for compensation of **£10,000 only**. If, due to the severity of the matters raised in your application, you intend to apply for compensation for an additional amount under Section 12(2)(b) of the Act, there is no need to complete Part 2 and you can proceed directly to Part 3.

If you provided evidence to the Inquiry into Historical Institutional Abuse (Hart Inquiry) please complete **A** below. Otherwise please proceed to **B**.

A – Hart Inquiry Applicants Only

If you provided evidence to the Hart Inquiry you are not required to provide any further medical evidence or other supporting documentation unless you wish to do so. The Redress Board will obtain a copy of all of your evidence from the Public Records Office Northern Ireland (PRONI) on your behalf.

If you know your HIA Reference Number please provide it here:

HIA

If you attended the Hart Inquiry please select one of the following:

☐

I provided evidence to the Hart Inquiry and I am content for the Redress Board to determine this application based on that evidence.

If you tick this box there is no need to complete B, C & D below.

☐

I provided evidence to the Hart Inquiry but I wish to provide the Redress Board with additional information to consider when determining this application. You can provide further information by completing **C & D** below.

B – Details of Institution

Please provide details below of the institution(s) in Northern Ireland in which you were resident between 1922 and 1995 and the periods when you were there.

	Name of Institution	From – Month/Year	To – Month/Year
1			
2			
3			

C – Statement of Your Experience

Please provide an account of your experiences of living in an institution(s) in support of your application.

Note:

Please set out the type of abuse you suffered. You may wish to refer to the Banding Guidance & Examples of Abuse which provides examples of types of abuse which may attract an enhanced payment.

Note:

Please set out the details of the abuse, how often it happened and the name(s) of your abuser(s) or a description if possible.

Note:

It is important to note that any discrepancies in your Statement of Experience with any other written account you have previously provided by way of a written statement to the Hart Inquiry, Police, Social Services, Criminal Injury Application or civil litigation must be highlighted and explained in your Statement of Experience

Note:

While it may not be possible for you to remember the exact dates and times when you suffered abuse, please provide as much information as you can remember.

Details of Abuse:

The approximate dates and times when the abuse took place:

The names of any witnesses of the abuse:

The names of those to whom you reported the abuse or confided in:

Note:

If told anyone at the time of the abuse or shortly after please provide the name(s) of those who you told about the abuse.

Any action taken as a result:

Note:

For example, the matter being reported to the police, to the institution or to another relevant authority.

Please continue on a separate sheet if necessary.

PART 3 – AN ENHANCED CLAIM UNDER SECTION 12(2)(a) & (b) OF THE ACT (UP TO £80,000)

Please complete this part if, due to the severity of the matters raised in your application, you intend to apply for a greater amount of compensation, up to a maximum of £80,000, under Section 12(2)(b) of the Act. You do not need to complete Part 2 if you are completing Part 3.

If you provided evidence to the Inquiry into Historical Institutional Abuse (the Hart Inquiry) please complete **A** below. Otherwise please proceed to **B**.

A – Hart Inquiry Applicants Only

If you provided evidence to the Hart Inquiry you are not required to provide any further medical evidence or other supporting documentation unless you wish to do so. The Redress Board will obtain a copy of all your evidence from the Public Records Office Northern Ireland (PRONI), on your behalf.

If you know your HIA Reference Number please provide it here:

HIA

If you attended the Hart Inquiry please select one of the following:

☐

I provided evidence to the Hart Inquiry and I am content for the Redress Board to determine this application based on that evidence.

If you tick this box there is no need to complete B, C & D below.

☐

I provided evidence to the Hart Inquiry but I wish to provide the Redress Board with additional information to consider when determining this application. You can provide further information by completing **C & D** below.

B – Details of Institution

Please provide the name(s) of the institution(s) in Northern Ireland in which you were resident between 1922 and 1995, and the periods when you were there.

	Name of Institution	From – Month/Year	To – Month/Year
1			
2			
3			

C – Statement of Your Experience

Please provide an account of your experiences of living in an institution(s) in support of your application.

Note:

Please set out the type of abuse you suffered. You may wish to refer to the Banding Guidance & Examples of Abuse which provides examples of types of abuse which may attract an enhanced payment.

Note:

Please set out the details of the abuse, how often it happened and the name(s) of your abuser(s) or a description if possible.

Note:

It is important to note that any discrepancies in your Statement of Experience with any other written account you have previously provided by way of a written statement to the Hart Inquiry, Police, Social Services, Criminal Injury Application or civil litigation must be highlighted and explained in your Statement of Experience

Note:

While it may not be possible for you to remember the exact dates and times when you suffered abuse, please provide as much information as you can remember.

Details of Abuse:

The approximate dates and times when the abuse took place:

The names of any witnesses of the abuse:

The names of those to whom you reported the abuse or confided in:

Note:

If told anyone at the time of the abuse or shortly after please provide the name(s) of those who you told about the abuse.

Any action taken as a result:

Note:

For example, the matter being reported to the police, to the institution or to another relevant authority.

Please continue on a separate sheet if necessary.

D – Evidence to support your application

You can attach a copy of any relevant medical record, police statement, expert report or any other supporting documentation that you wish the Redress Board to consider. Please number and list the attachments in the table below. Please send copies as original documents cannot be returned.

Number	Type of document

PART 4 – A CLAIM UNDER SECTION 12(2)(c) OF THE ACT (£20,000) – CHILD MIGRANTS PROGRAMME

Please complete this Part if you wish to apply for compensation for having been sent to **Australia** under the programme commonly known as the “Child Migrants Programme”.

If you provided evidence to the Inquiry into Historical Institutional Abuse (the Hart Inquiry) please complete **A** below. Otherwise please proceed to **B**.

A – Hart Inquiry Applicants Only

If you provided evidence to the Hart Inquiry you are NOT required to provide any further medical evidence or other supporting documentation unless you wish to do so. The Redress Board will obtain a copy of all your evidence from the Public Records Office Northern Ireland (PRONI), on your behalf.

If you know your HIA Reference Number
please provide it here:

HIA

B – Child Migrant Programme

Please provide the date on which you were sent to Australia, if known (DD/MM/YYYY):

/ /

You **are not required to provide any further evidence** to the Redress Board. The Redress Board will seek to confirm that you were part of the Child Migrant Programme. However, if you wish to provide any further information please complete C below. **Otherwise please proceed to PART 5.**

C – Additional Comments

This image shows a single sheet of white paper with horizontal blue lines, resembling notebook paper. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

PART 5 – DECLARATIONS

A – Outstanding or Dismissed Civil Claims

☐ Please tick this box if you have proceedings pending before a civil court, or under an application to the Independent Inquiry into Child Sexual Abuse (IICSA) scheme, which relate to matters described in this application.

☐ Please tick this box if you previously issued civil proceedings in relation to the matters described in this application, but these were dismissed.

☐ Please tick this box if the proceedings described above were dismissed solely because the period of limitation for bringing proceedings on the claim had expired.

Guidance Note:
An application for compensation may not be made if there are proceedings on a claim pending in court in respect of the abuse outlined in this application. An application for compensation can continue if the proceedings are withdrawn.

B – Payment Received

☐ I have received a previous payment(s) of compensation, as defined under section 13(2) of the Act, including under the IICSA scheme, or have received confirmation that I will receive payment, in relation to the matters described in this application. Please provide the details of any payment that you have received in the space below.

C – Applicant's Personal Declaration

By ticking the box below, I hereby declare:

- The information provided by me to the Redress Board in this application form is true to the best of my knowledge and belief and I understand that I am personally responsible for it.
- If any of the information on this form is incorrect or provided fraudulently I may have to repay some or all of the compensation I might otherwise be entitled to receive.
- I understand that the Redress Board may request any person to produce to it any document which may be relevant to this application.
- I agree to give the Redress Board full assistance in its consideration of this application.
- I understand that this application and all attachments may be provided to any person or any institution named in this application, or their legal representatives.
- I understand that information contained within this application may be provided to the police in accordance with the Criminal Law Act (Northern Ireland) 1967.

☐

I confirm that I have read and understood the information above.

Signed:

Dated:

Please mark completed forms **Strictly Private and Confidential** and return to:

**PO Box 2266
BELFAST
BT1 9ZP**