



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 Interim Advocate on 028 90893977 (email: info@hiaadvocate.org.uk) or the Commissioner for Survivors of Institutional Childhood Abuse (when appointed) who can provide general advice and information.
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.

The Legislation

8. 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.

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.

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.

First name(s):

Last name:

Your preferred contact telephone number:

Your email address:

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.

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.

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:
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

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			

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:

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			

D – 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**