

COMMISSION OF INVESTIGATION INTO MOTHER AND BABY HOMES
AND RELATED MATTERS

REQUEST TO MEET THE CONFIDENTIAL COMMITTEE

Thank you for offering to help the Commission in its inquiry. The evidence that the Commission collects will form the basis of the Commission's work.

It would be helpful if we could have the following information before you meet with the Confidential Committee. *This information will be dealt with on a strictly confidential basis.*

If you have a problem answering any of the questions, or if you find completing these details difficult, please don't worry. If you telephone us at Freephone 1800 80 66 88, we will be happy to help you. Office hours are from 10.00 a.m. to 1.00 p.m. and 2.00 p.m. to 5.00 p.m., Monday to Friday.

YOUR OWN DETAILS:

1. Current surname: _____

2. First name(s): _____

3. Name used: _____

4. Surname as a child (e.g. maiden name): _____

5. Contact address: Now: _____

Previous: _____

6. Email address: _____

7. Contact telephone number: _____

8. Date of Birth: _____

9. County of Birth:

YOUR PAST EXPERIENCE:

10. What Institution(s) or Place(s) would you like to talk to the Committee about and when were you there?

Institution/Place		Years you were there	
1.	_____	1.	From _____ To _____

2.	_____	2.	From _____ To _____

3.	_____	3.	From _____ To _____

4.	_____	4.	From _____ To _____

MEETING THE COMMITTEE:

11. Would you like to bring a companion with you? Yes No

12. If so, please let us have the person's name: _____

13. Is s/he your: Spouse/Partner Other Relative:
(Please tick as Friend: Counsellor/
Appropriate) Other: Therapist/Social
Worker

If "other" please specify:

14. If you have any special needs or feel you will need special assistance on the day, please give details (e.g. if you have problems with hearing, mobility, serious health problems or other serious factors).

COUNSELLING SERVICE

15. Do you have access to support/counselling in relation to the matters about which you wish to talk?

Yes No

16. Would you like information about the special counselling services?

Yes No

17. Where would you like to meet the Committee? _____

18. How to contact you?

19. Which is your preference Telephone: _____ Best time (e.g. 10am, 4pm) _____
Email: _____
Letter: _____

Signed: _____ Date: _____

Please return completed form to:

**Mother and Baby Homes, Commission of Investigation,
73 Lower Baggot Street,
Dublin 2**

Or

**P.O. Box 12626
Dublin 2**