



**CLANN: IRELAND'S UNMARRIED MOTHERS AND THEIR CHILDREN:
GATHERING THE DATA**

Consent Form

Justice for Magdalenes Research is a not-for-profit organisation whose main aim is to provide for the advancement of education of the general public by researching the Magdalene Laundries and similar institutions and by providing information and support to the women who spent time in the Magdalene Laundries and their families.

Adoption Rights Alliance is a not-for-profit advocacy organisation which campaigns for the enshrinement of the rights of the adopted child and Ireland's estimated 100,000 adopted adults in legislation. In the absence of adoption information legislation, Adoption Rights Alliance provides practical advice and advocacy to those affected by Ireland's closed, secret adoption system.

Interviewee Details

Name: _____

Address: _____

Email: _____

Tel: _____

Consent

I have read the Information Form and have received the list of Resources and Counselling Services provided. I have had time to consider whether or not I wish the information I provide to Hogan Lovells to be shared with JFMR and ARA.

I understand that my participation is voluntary and that I am free to withdraw my consent at any time. I also understand that if I consent to extracts from my anonymised testimony being included as part of the publicly redacted version(s) of ARA and JFMR's legal submission to the Commission of Investigation, it may not be possible to entirely withdraw my redacted testimony from public circulation.

I also understand that by taking part in this process I have been or will be asked to recount some potentially sensitive events. However, I do not have to answer any questions that I do not wish to answer, for whatever reason. I confirm that details of counselling services and other resources have been made available to me when I received my questionnaire at the beginning of this process and also in this consent form.

I understand that JFMR, ARA and Hogan Lovells have no control over the outcome of the Commission of Investigation process, or what the Commission recommends in terms of providing redress.

I understand that I will receive and may keep a copy of this information and consent form.

Please select your preferences in the boxes below:

I would like Hogan Lovells to:

(Please tick all that apply)

Send my statement only to the Investigation Committee on my behalf

Send my statement only to the Confidential Committee on my behalf

Send my statement to **both** the Investigation and Confidential Committees on my behalf **(recommended)**

OR

(Please select which option you prefer)

Send my statement to me so I can send it to the Investigation Committee and/or Confidential Committee myself

I do not wish to send my statement to the Commission

(You will receive a copy for your own records no matter what option you choose)

I would like to: *(Please tick all that apply)*

Appear before the Investigation Committee and give oral testimony

Yes No

Appear before the Confidential Committee and give oral testimony

Yes No

Appear before both the Investigation and Confidential Committees to give oral testimony

Yes No

Please tick this box if you would like Hogan Lovells to make these arrangements on your behalf:

I consent to anonymised extracts from my statement being:

Used as part of ARA and JFMR's submission to the Commission of Investigation.

Yes No

Used in anonymised form, with my identity made securely private, by ARA and/or JFMR in relation to their continued research and advocacy work.

Yes No

I consent to anonymised extracts from documents supplied by me being:

Used as part of ARA and JFMR's submission to the Commission of Investigation.

Yes No

Used in anonymised form, with my identity made securely private, by ARA and/or JFMR in relation to their continued research and advocacy work.

Yes No

I consent to ARA and/or JFMR contacting me in the future in relation to their continued research and advocacy work:

Yes No

Please state any other wishes you have in relation to the use of your statement:

Name: _____

Signature: _____

Date: _____