**Facilitated Meetings with Minister Zappone in relation to Mother and Baby Homes**

*Expression of interest to attend meeting with Minister Zappone*

**(Please use BLOCK LETTERS when completing this form)**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Contact Number: |  |
| Email Address |  |

|  |
| --- |
| Connection to the issue:  *(former resident, family member of former resident, affiliated organisation)* |
|  |
| Please indicate if you have any special needs which we can plan for to ensure your comfort throughout process: Yes  No |
| If yes, please specify: |

|  |
| --- |
| If you will be accompanied during the process by another person please register their details below: |
|  |

|  |
| --- |
| If you are unable to attend the initial meeting in Dublin would you be interested in meetings outside of Dublin? Yes  No |
| If yes, please select a preferred location:  Athlone  Cork  Galway |

*(Other locations may be arranged subject to level of interest)*