



Truth Recovery Independent Panel  
Seeking the Truth

**Testimony Consent Form**

The Truth Recovery Independent Panel is investigating Mother and Baby Institutions, Magdalene Laundries, Workhouses (and related pathways, practices and institutions) in Northern Ireland, 1922 to 1995. We thank you for agreeing to contribute to this important work by sharing your testimony.

In this Testimony Consent Form, you are asked about whether you want to conceal or reveal your identity and to give your permission on how your testimony will be used, both now and in the future. Please ensure you have read or had someone read it to you and that you fully understand all the statements below before you make any decisions. Please contact us if you require further information. or need the document in a different format, such as Braille.

**When you have completed the relevant sections, please return to the Independent Panel.**

By email: [testimony@independentpanel.org.uk](mailto:testimony@independentpanel.org.uk)

Or by post: to Independent Panel, 4th Floor, Equality House, 7-9 Shaftesbury Square, Belfast, BT2 7DB

**CONTACT DETAILS (please complete)**

<b>Name:</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Phone number:</b>	

## **SECTION A: YOUR UNDERSTANDING AND AGREEMENT**

**Please print your initials in the box next to each statement below. In the case where consent is sought and you do NOT consent, please leave the box blank.**

(a) I confirm that I have read the Participant Information Sheet or had someone read it to me and have a full understanding of this process.

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(b) I acknowledge that my involvement in this project is voluntary, and I can withdraw my consent at any stage before the Panel publishes its final report. *Truth Recovery Independent Panel (The Panel) will handle this withdrawal process at first. Thereafter, any requests for withdrawal will be dealt with by the Independent Archive (this will likely be housed at PRONI [Public Records Office, Northern Ireland], but this is to be subject to consultation).*

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(c) I am aware that my personal information will always be stored securely. *Initially, the Panel will hold my information in a secure IT system called Box. Once the Public Inquiry is over my testimony will be destroyed unless I agree to place my testimony and consent form in the Independent Archive.*

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(d) I give my consent that my unredacted testimony will be accessed by the Truth Recovery Independent Panel's co-chairs (Leanne McCormick and Sean O'Connell), the trauma specialist (Beverley Clarke), and the linguistic analysis specialist (Patricia Canning). My unredacted testimony will be available to the Testimony Team facilitators. *The administrators will have access to Box where it is stored.*

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(e) I consent to a professional transcriber accessing my testimony to type up a transcript. *The transcriber has signed a confidentiality agreement.*

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- (f) I consent to all Panel members having access to the anonymised and redacted transcript of my testimony.

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## **SECTION B: ANONYMITY AND USE OF TESTIMONY**

**Please print your initials in the box next to the statement that you agree to.**

### **(1) Anonymity**

- (a) I instruct the Independent Panel to conceal my identity on my transcript and in all the uses of my testimony.

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*The Independent Panel will do this by assigning a code to the testimony. The testimony will be cited using only this code in all the uses that you consent to*

- (b) Alternatively,** I instruct the panel to waive my right to anonymity and want my identity to be revealed in all uses of my testimony.

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*In arranging this, the Independent Panel will take all necessary measures to protect the privacy of others mentioned in your testimony. Note that if details of your testimony make it impossible to protect the privacy of others AND reveal your identity, the Panel will consult with you and request that, instead, you opt to conceal your identity.*

### **(2) Truth Recovery Independent Panel Report**

- (a) I consent to the Truth Recovery Independent Panel using my words from my testimony in their Report.

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- (b) I DO NOT consent to the Truth Recovery Independent Panel using my words from my testimony in their Report.

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### (3) Public Inquiry

(a) I consent to the transcript of my testimony being made available to the Public Inquiry. I do so in the expectation that my identity will not be revealed by the Public Inquiry in the course of its work. I reserve my right to withdraw my consent and my testimony, as well as any accompanying documentation I may have provided to the Panel.

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(b) I DO NOT consent to the transcript of my testimony being made available to the Public Inquiry.

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### (4) Redress Service

(a) I consent to the Redress Service having access to a transcript of my testimony. To process any claim for Redress I accept that my identity will have to be made known to the Redress Service.

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(b) I DO NOT consent to the Redress Service having access to a transcript of my testimony.

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### (5) Data Storage within the Independent Archive

(a) I consent to my testimony and my consent form being held in the Independent Archive for future research. I understand that my testimony will be closed to the public for 20 years and thereafter will be available for access by members of the general public who visit the archive. As such, I accept that after twenty years my testimony could be quoted in academic publications, articles by journalists, on the internet or in other forms.

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If you want your testimony to be closed to the public for **longer than 20** years, please sign this box and indicate below the length of time you wish to apply to this closure. We do not anticipate this to be longer than 50 years.

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Length of time I wish to apply to closure of my testimony: ..... years

(b) I DO NOT consent to my testimony and my consent form being held in the Independent Archive for future research.

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#### **(6) Truth Recovery Independent Panel's Website**

(a) I consent to the transcript of my testimony being placed on the Truth Recovery Independent Panel's Website. I understand that this means that my testimony will be available to anyone accessing that website. *Once it is on the website you can ask for it to be removed but be aware that others may already have accessed it for their own use.*

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(b) I DO NOT consent to the transcript of my testimony being placed on the Truth Recovery Independent Panel's Website.

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#### **(7) Retention of audio recording of testimony**

(a) I consent to the audio recording of my testimony and my consent form being retained by the Independent Panel in the Independent Archive.

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(b) I DO NOT consent to the audio recording of my testimony and my consent form being retained by the Independent Panel in the Independent Archive

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#### **Please complete the information below**

Name of the Participant

Signature

Date

Name of the Person Taking Consent

Signature

Date

## **SECTION C: SAFEGUARDING AND CONFIDENTIALITY**

We advise you to be aware that if you mention the name of an individual who is or was involved in abuse or serious criminal activity (even if that person is deceased) that the Truth Recovery Independent Panel must consider any legal obligations to report this information to the police. If the matter is deemed serious enough to merit reporting to the police, the Truth Recovery Independent Panel have to provide the police with your name, address, and contact details and the information you have provided relating to the person involved in the abuse or criminality.

We will only pass this information to the police (and/or social services) if:

- (1) there is a current child protection concern;
- (2) there is concern about the safety or wellbeing of a vulnerable person;
- (3) there is a belief that someone is at risk of serious harm;
- (4) you disclose information about someone who engaged in criminal activity that could lead to a prison sentence of 5 years or more.

The testimony facilitators will explain the referral process. You may also wish to make this referral yourself and we can support you to do this.

### **Please complete the information below**

Name of the Participant	Signature	Date
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Name of the Person Taking Consent	Signature	Date
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**Personal Information:** All personal information (e.g. name, personal email/home postal address) included in correspondence to the Truth Recovery Independent Panel, will be handled in accordance with the UK General Data Protection Regulation and Data Protection Act 2018.

The Independent Panel has developed a Privacy Notice that explains how we will handle your personal data. It will be available on the Independent Panel's website. Paper copies can also be requested.