

## An Garda Síochána GARDA VETTING APPLICATION FORM

## NOTE TO APPLICANT

- > The Enquiry Form must be completed in full using BLOCK CAPITALS (Please state N/A if details are not applicable)
- > Writing must be clear and legible
- > Return the completed form to GAA, Croke Park, Dublin
- Do not send this form to The Garda Central Vetting Unit or to any Garda Station

To be completed by the Applicant

SURNAME:			PREVIOUS NAME (if any):						
FOREN	IAME:		ALIAS: P.P.S. NO:						
DATE (	OF BIRTH:(dd/mm/yy)		PLACE/CITY OF ORIGIN:						
HAVE	YOU EVER CHANG	ED YOUR NA	ME? Yes	No					
IF YES	PLEASE STATE FO	RMER NAM	E:			-			
Please	Please state all addresses from year of birth to present date								
House No.	Street	Town	County	Post Code	Country	Year From	Year To		

Have you ever been convicted of an offence in th	
No Yes Please provide details	.s
DATE COURT OFFI	ENCE COURT OUTCOME
DECLARATION OF	FAPPLICANT
I, the undersigned who have applied for a position as a	
Síochána to furnish to <b>GAA</b> a statement that there are no convor elsewhere, <u>or</u> a statement of all convictions and / or prosections	victions recorded against me in the Republic of Ireland
State or elsewhere as the case may be.	attions, successful of not, pending of completed, in the
Signature of Applicant:	Date:
(	
CLUB: TEAM:	ROLE:
To be completed by GAA Offices only	
e to a receipt	
Authorised Signatory:	(GAA)
Registration Number: Date:	
To be completed by the Garda Central Vetting Unit	
According to Garda records there are no previous convictions	s recorded against the above named applicant:
OR the attached convictions appear on Garda Records:	
OR the attached prosecutions are pending:	
NOTE: Checks were carried out by this office based or The convictions supplied may apply to the subj Please verify information disclosed with the app	ject of your enquiry.
Signed: Member 1	I/C C.V.U.