

An Garda Síochána *GARDA VETTING APPLICATION FORM*

NOTE TO APPLICANT

- > The Application 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 City of Dublin ETB**
- > 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):		
FORENAME:	ALIAS:		
DATE OF BIRTH:(dd/mm/yy)	PLACE/CITY OF ORIGIN:		
HAVE YOU EVER CHANGED YOUR NAME? Yes No			
IF YES PLEASE STATE FORMER NAME:			

Please state all addresses from year of birth to present date							
House No.	Street	Town	County	Post Code	Country	Year From	Year To

Please Continue Overleaf

Have you ever been convicted of an offence in the Republic of Ireland or elsewhere?

No	Yes	Please provide details

DATE	COURT	OFFENCE	COURT OUTCOME

DECLARATION OF APPLICANT

I, the undersigned, who have applied for a position as a *	n the Republic of Ireland or ng or completed, in the State
Signature of Applicant: Date:	

To be completed by City of Dublin ETB	
Line Manager/Contact Person: PLEASE PRINT ALSO (Location:
Authorised Signatory: PLEASE PRINT ALSO ((CDETB))
Authorised Signatory Registration Number:	Date:

To be completed by the Garda Central Vetting Unit

Checks were carried out by this office in accordance with current Garda Vetting policy and based on the information supplied in this application form. The results are as indicated below:

No convictions

Convictions

Prosecutions are pending

<u>NOTE</u> : Checks were carried out at this office based on the information supplied. The convictions <u>may</u> apply to the subject of your enquiry. Please verify information disclosed with the applicant.

Signed:	Member I/C	G.C.V.U.
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