



An Garda Síochána Use Only
Reference No.:

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 Community Games, 20 Inish Carraig House, Golden Island, Athlone, County Westmeath.**
- **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 <input type="checkbox"/> No <input type="checkbox"/>	
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 to work as a _____ hereby authorise An Garda Síochána to furnish to **Community Games** a statement that there are no convictions recorded against me in the Republic of Ireland or elsewhere, or a statement of all convictions and / or prosecutions, successful or not, pending or completed, in the State or elsewhere as the case may be.

Signature of Applicant: _____ Date: _____
()

To be completed by Community Games Offices

Authorised Signatory: _____ (Community Games)
PLEASE PRINT ALSO ()

Registration Number: _____ Date: _____

To be completed by the Garda Central Vetting Unit

According to Garda records there are no previous convictions 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 on the information supplied.
The convictions supplied may apply to the subject of your enquiry.
Please verify information disclosed with the applicant.

Signed: _____ Member I/C

C.V.U.