

## 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 Canoeing Ireland, Irish Sport HQ, National Sports Campus, Blanchardstown, D.15.
- 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
						+	

		_	ublic of Ireland or elsewhere?
No Ye		ovide details	
DATE	COURT	OFFENCE	COURT OUTCOME
	DEC	CLARATION OF API	DI ICANT
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			are no convictions against me in the Republic or
Ireland or elsewh	ere, or a statement of conv	victions and / or prosecu	utions, successful or not, pending or completed, in
the State or elsew and Equality on 3		ubject to the administra	ative filter implemented by the Minister for Justice
Signature of Ani	olicant:		Date:
	(	)	<u></u>
* this field is ma	ndatory		
PLEASE PRINT A Authorised Signa PLEASE PRINT A	ontact Person:	s )	) (Canoeing Ireland)
o be completed by	the Garda Central Vettin	g Unit	
	out by this office in accordance. The results are as indicated by		ting policy and based on the information supplied in
o convictions			
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osecutions are pend	ing		
	ere carried out at this office your enquiry. Please verif		ion supplied. The convictions <u>may</u> apply to the d with the applicant.
igned:		Member I/C	G.C.V.U.