

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 relevant School
- 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: (where parents lived at time of your birth)			
HAVE YOU EVER CHANGED YOUR NAME? Yes □ No □				
IF YES PLEASE STATE FORMER NAME:				

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

DATE	COURT	OFFENCE	COURT OUTCOME
	<u> </u>	DECLARATION OF APPLICA	NT
Síochána to furnis the Republic of Iro completed, in the S	h to C.P.S.M.A. – Th eland or elsewhere, <u>or</u> a	ne Diocese of Kerry a statement a statement of convictions and / o e case may be, subject to the admit	hereby authorise An Garda at that there are no convictions against me in r prosecutions, successful or not, pending or inistrative filter implemented by the Minister
Signature of App	licant:	Dat	e:
* this field is man	ndatory		
To be completed b	y School		
	irperson <i>or Principal</i> : EASE PRINT ALSO	()
School Name and	Address:		
School Roll No.:			
Authorised Signa	tory:	, l	Diocese of Kerry
Authorised Signa	tory:(Joan Buck		Diocese of Kerry
<u> </u>		ley)	Diocese of Kerry Date:
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