

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 Irish Olympic Handball Association, 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 NAM	E? 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

Have you ever	been convicted of	an offence in the Rep	oublic of Ire	eland or elsewhere?
No Y	es Please	provide details		
DATE	COURT	OFFENCE		COURT OUTCOME
	DF	ECLARATION OF APPI	<u>LICANT</u>	
				hereby authorise An Garda
				here are no convictions against me or prosecutions, successful or not,
ending or comple	ted, in the State or else	where as the case may be,		e administrative filter implemented
	Justice and Equality or			
ignature of Appl	licant:)	Date:	
this field is mar	ndatory			
To be completed b	y Irish Olympic Han	ndball Association	Location:	
PLEASE PRINT A)	
Authorised Signa PLEASE PRINT A		(1	Irish Olympi	c Handball Association)
	tory Registration Num	nber:	Date	:
o be completed b	y the Garda Central Ve	etting Unit		
	out by this office in accord. The results are as indicat		ting policy and	based on the information supplied in
lo convictions				
onvictions				
rosecutions are pen	ding			
		ffice based on the informate the rerify information disclosed		The convictions <u>may</u> apply to the licant.
Signed:		Member I/C		G.C.V.U.