



An Garda Síochána Use Only
Reference No.:

G AA Reference:

**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 Ladies Gaelic Football Association, Croke Park, Dublin 3**
- **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:
CONTACT TELEPHONE NUMBER:	
HAVE YOU EVER CHANGED YOUR NAME? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(includes changing from maiden to married name)</small>	
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 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 * _____ hereby authorise An Garda Síochána to furnish to the Ladies Gaelic Football Association a statement that there are no convictions against me in the Republic of Ireland or elsewhere, or a statement of convictions and / or prosecutions, successful or not, pending or completed, in the State or elsewhere as the case may be, subject to the administrative filter implemented by the Minister for Justice and Equality on 31st March 2014.

Signature of Applicant: _____ Date: _____
 (_____)

* this field is mandatory

TEAM: _____ CLUB NAME: _____
 (ie U-12, Minors, Adult)

ROLE: (Tick as appropriate)

Mentor (includes parents who act as helpers)	<input type="checkbox"/>
Team Official	<input type="checkbox"/>
Feile Host Family	<input type="checkbox"/>

To be completed by Ladies Gaelic Football Association Authorised Signatory ONLY

Authorised Signatory: _____ (LGFA)
 PLEASE PRINT ALSO (_____)

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	<input type="checkbox"/>
Convictions	<input type="checkbox"/>
Prosecutions are pending	<input type="checkbox"/>

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

Signed: _____ Member I/C

G.C.V.U.