

Hockey Ireland: Garda Vetting Batch Header

This form must be completed by the organisation seeking Garda Vetting (club/branch/organisation). It must be filled in by the person who is overseeing the Garda Vetting process on behalf of the organisation (Authorised Liaison Person or another nominated person). Note that this person will be the contact point between the Hockey Ireland Liaison Person and the organisation. This form is in two parts:

- Confidentiality statement
- Batch form

Please ensure that both sections are filled in by the same person.

Confidentiality Statement:

Garda Vetting Forms include sensitive personal data and should at all times be handled confidentially. I _____ (print name) on behalf of _____ (insert name of organisation) recognise that:

- I am authorised on behalf of the organisation to oversee Garda Vetting on its behalf.
- The identity of each Vetting Subject has been checked and that these details will be held securely by the club for the duration of the vetting.
- I am responsible for maintaining the confidentiality of information received from both the Vetting Subject and Hockey Ireland.
- All information will be treated in a careful and sensitive manner and will be kept safely and securely.
- Information will be retained for no longer than is necessary.
- The Data Protection Act prevents the use of 'sensitive personal information' for purposes other than the purpose for which the data was collated for. Information may only be used for the purpose for which it is provided to a club/branch/organisation in accordance with the consent of the Vetting Subject. Information cannot be further processed or disclosed to other parties (internally or externally).
- I understand and recognise that a breach of confidentiality is a serious matter.
- All Vetting Subjects who have submitted forms are employed or engaged (paid or voluntarily) by the organisation.

Signed: _____

Date: _____

***Batch header and all Garda Vetting Application Forms and/or Previously HI Garda Vetted Forms are to be sent (by post/email) to:
The Liaison Person, Hockey Ireland, Newstead, UCD, Belfield, Dublin 4; email nationalchildrensofficer@hockey.ie***

Name:	
Name of Organisation:	
Position:	
Contact Email:	
Contact Address:	
Contact Telephone:	

	<i>To be filled in by club/branch/organisation</i>			Telephone No.	<i>Circle as necessary</i>	
	First Name	Surname	Date of Birth		Identity Verification Form Attached	Form checked
1					Yes / No	Yes / No
2					Yes / No	Yes / No
3					Yes / No	Yes / No
4					Yes / No	Yes / No
5					Yes / No	Yes / No
6					Yes / No	Yes / No
7					Yes / No	Yes / No
8					Yes / No	Yes / No
9					Yes / No	Yes / No
10					Yes / No	Yes / No
11					Yes / No	Yes / No
12					Yes / No	Yes / No
13					Yes / No	Yes / No
14					Yes / No	Yes / No
15					Yes / No	Yes / No
16					Yes / No	Yes / No
17					Yes / No	Yes / No

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18				Yes / No	Yes / No
19				Yes / No	Yes / No
20				Yes / No	Yes / No
21				Yes / No	Yes / No
22				Yes / No	Yes / No
23				Yes / No	Yes / No
24				Yes / No	Yes / No
25				Yes / No	Yes / No
26				Yes / No	Yes / No
27				Yes / No	Yes / No
28				Yes / No	Yes / No
29				Yes / No	Yes / No
30				Yes / No	Yes / No
31				Yes / No	Yes / No
32				Yes / No	Yes / No
33				Yes / No	Yes / No
34				Yes / No	Yes / No
35				Yes / No	Yes / No
36				Yes / No	Yes / No
37				Yes / No	Yes / No
38				Yes / No	Yes / No
39				Yes / No	Yes / No
40				Yes / No	Yes / No

Insert more rows if necessary

Keep a record of this form so that your organisation has a list of individuals who have submitted Garda Vetting Applications.

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