



An Garda Síochána

GARDA VETTING APPLICATION FORM

NOTE TO APPLICANT

- The Enquiry 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 *City of Limerick Vocational Education Committee, Athenaeum Building, 30 Upper Cecil Street, Limerick.*
- 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(s):		ALIAS:	P.P.S. NO:
DATE OF BIRTH:(dd/mm/yy)		PLACE/CITY OF ORIGIN:	
HAVE YOU EVER CHANGED YOUR NAME? Yes <input type="checkbox"/> No <input type="checkbox"/>			
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 to work as a _____ hereby authorise An Garda Síochána to furnish to City of Limerick Vocational Education Committee a statement that there are no convictions recorded against me in the Republic of Ireland or elsewhere, or a statement of all convictions and / or prosecutions, successful or not, pending or completed, in the State or elsewhere as the case may be.

Signature of Applicant: _____ Date: _____
 (_____)

To be completed by City of Limerick V.E.C. Offices only

Authorised Signatory: _____ (City of Limerick V.E.C.)

PLEASE PRINT ALSO (_____)

Registration Number: _____

To be completed by the Garda Central Vetting Unit

According to Garda records there are no previous convictions recorded against the above named applicant:

OR the attached convictions appear on Garda Records:

OR the attached prosecutions are pending:

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

Signed: _____ Member: I/C

C.V.U.