

An Garda Síochána use Only Reference No.:

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 please print all details clearly. If any detail is unclear the form will be returned.
- Return the completed form to the **organisation** who will forward it on to the Garda Vetting Administrator, Holy Cross Diocesan Centre, Clonliffe College, 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: (Christian name(s) on birth cert.)	ALIAS: (Any name that you are known as that is not your forename/christian name)			
DATE OF BIRTH: (dd/mm/yy)	PLACE/CITY OF ORIGIN:			
HAVE YOU EVER CHANGED YOUR NAME? Yes No (One of these boxes must be ticked)				
IF YES PLEASE STATE FORMER NAME:				

Please state ALL addresses from year of birth to present date								
House No.	Street (Road, Estate)	Town (Townland, Area, Suburb of	County	Post code (If no postcode in county	Country	Year From	Year To	
(If no house number enter N/A)		county)		enter N/A)		(Every single year from birth - present must be entered including national and international addresses. If there are any gaps in the years the application will be returned)		
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Have you ever been convicted of an offence in the Republic of Ireland or elsewhere? No ☐ Yes ☐ Please provide details Date Offence **Court Outcome** Court **DECLARATION OF APPLICANT** I, the undersigned, who have applied for a position as a * __ hereby authorise An Garda Siochana to furnish to Archdiocese of Dublin 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: *this field is mandatory To be completed by Parish/School/Diocesan Agency To be completed by the organisation you are a member/applying to be a member of. Name of the Parish Priest/Chairperson of the Board of Management or Principal/Agency Manager: Name of Employer (i.e. Parish/School/Diocesan Agency): Full Address: ______Tel No: ______ __ Roll No: Signature: To be completed by Archdiocese of Dublin Offices _____ (Archdiocese of Dublin) Authorised Signatory: ___) PLEASE PRINT ALSO (Date: Registration No:_____ 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 Convictions Prosecutions are pending 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.