

An Garda SI	ochána Use Only	
Reference	No.:	

GAA	Reference:	

An Garda Síochána GARDA VETTING APPLICATION FORM

NOTE TO APPLICANT

- > This form may only be used by members of the Gaelic Athletic Association
- > 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 your Club, County or Provincial Vetting Coordinator who will forward it to the GAA in Croke Park
- > 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 N	NAME? Yes No
IF YES PLEASE STATE FORMER NAM	ME:

Please sta	te all addresses fro	m year of bir	th to present	date	***************************************		
House No.	Street	Town :	County	Post Code	Country	Year From	Yea To
							

DATE	COURT	OFFENCE	COURT OUTCOME
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CLUB:	TEAM:		ROLE:
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or elsewhere as the Equality on 31st Mar		to the administrative filt	er implemented by the Minister for Justice
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