



St. Canice's Community Action
Address: Fr. McGrath Community Centre, St Josephs Rd.,
Co. Kilkenny
Tel: 056 7751988

SURNAME:		PREVIOUS NAME (if any):			
FORENAME:		ALIAS (if any):			
DATE OF BIRTH: (dd/mm/yy)			PLACE OF BIRTH:		
HAVE YOU EVER CHANGED YOUR NAME?			YES		NO
IF YES PLEASE STATE FORMER NAME:					

PLEASE STATE ALL ADDRESSES FROM YEAR OF BIRTH TO PRESENT DATE (incl all addresses outside the Republic of Ireland):							
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**

If yes, please provide details below & also details of all prosecutions, successful or not, pending or completed, in the State or elsewhere

DATE	COURT	OFFENCE	COURT OUTCOME

DECLARATION

To Commissioner, An Garda Siochana, Central Vetting Unit

I, the undersigned who have applied for the position of _____ hereby authorise An Garda Siochana to furnish the Family Resource Centre (FRC), a statement that there are no convictions recorded against me in the Republic of Ireland or elsewhere, or a statement of all prosecutions, successful or not, pending or completed, in the State or elsewhere as the case may be.

I am aware that any information resulting from this inquiry may be shared within the FRC network nationally, in the event that I apply for a position within any area of the FRC network.

Signature of Applicant : _____ **Date :** _____

Please print name: _____

FOR FRC OFFICE USE ONLY

FRC Manager: _____ **Location:** _____

Authorised Signatory: _____ **Reg. No.:** _____ **Date :** _____

Please print name: _____

FOR CVU OFFICE USE ONLY

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

OR the following convictions appear on Garda Records: **OR** the following convictions 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 before use.

Signed: _____ **Member I/C**

C.V.U

Expiry of clearance: _____

