

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 for a position as a _____ hereby authorise An Garda Síochána to furnish to **Swim Ireland** 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 Swim Ireland only

Authorised Signatory: _____ (Swim Ireland)
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.

Identification Form (for verification)

Section 1 – to be completed by the applicant

Position: _____ (within Swim Ireland or Club)

Club: _____ Membership no. _____

Identification Details (to be verified by the a Responsible Person – see Section 2 as to what you need to provide)

Full Name: _____ Any previous surname: _____

Current Address: _____ Date of Birth: _____

Telephone No.(s): _____

List experience/involvement of working with young children in a voluntary or professional capacity:

Have you signed the relevant Code of Conduct for your position within Swim Ireland Yes No

Do you agree to abide by the Child Welfare Guidelines and rules of Swim Ireland? Yes No

Have you ever been asked to leave a sporting organisation? Yes No
(If you have answered yes, we will contact you in confidence)

Signed: _____ Date: _____

Print Name: _____

Section 2 – to be completed by Chairperson/Designated Person or Responsible Person (if not in Club) on production of suitable identification by the applicant

Type of identification seen: _____

Signed: _____ Date: _____

Print name: _____ Position: _____

(Responsible Person = Guard/Principal/Manager/Doctor/Solicitor)

Notes for Person verifying identification

You should only sign the form if you are confident that the information verifies the identification of the person.

Identification may be confirmed with **ONE** of the following documents:

Driving licence (with photograph) – state issuing country

Passport – state nationality

Utility bill with name and address as given above

**Return with Garda vetting form in envelope marked 'Private and Confidential' to:
Kate Hills, Swim Ireland, Irish Sport HQ, National Sport Campus, Blanchardstown, Dublin 15**