



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

The HR Department  
CoAction  
Slip  
Bantry  
Co Cork

## CANDIDATE'S PROCEDURE FOR THE COMPLETION OF GARDA VETTING FORMS

PLEASE READ THIS LEAFLET CAREFULLY BEFORE COMPLETING YOUR GARDA CLEARANCE FORM

**PLEASE USE BLOCK CAPITALS WHEN COMPLETING YOUR GARDA CLEARANCE FORM.**

**THE GARDA CLEARANCE FORM MUST BE PRINTED/COPIED AS A DOUBLE-SIDED DOCUMENT (ONE PAGE ONLY)**

It is imperative that you complete the attached Garda Clearance Form fully and correctly. Failure to do so will result in a delay in the processing of your application. **N.B. Forms stamped by your Local Garda Station or forms forwarded by candidates personally to Garda Headquarters WILL NOT BE ACCEPTED.** Please note: Correction fluid must not be used on any part of the application form.

- 1. Surname:** Insert your current surname
- 2. Previous name:** Insert your previous name here (i.e. maiden name (if applicable))
- 3. Forename:** Insert your forename / Christian name
- 4. Alias:** If you are known by any name other than that / those on your birth certificate please insert here.
- 5. P.P.S. No. (formerly R.S.I Number) :** Please enter your P.P.S No. here (if you do not have a P.P.S. No, please contact the office of your local Revenue Commissioners to obtain same)
- 6. Date of birth:** Insert your date of birth (dd/mm/yy)
- 7. Place of birth:** Insert the name of the city or town that you were born in (e.g. Cork City)
- 8. Have you ever changed your name?** If yes, tick 'yes' box, if no tick 'no' box.  
**If yes please state former name:** Insert any previous surnames if applicable (e.g. in the event that you were married on more than one occasion or that you have changed your name by deed poll etc.)
- 9. Please state all addresses from year of birth to present date:** it is very important that your **current address and all previous addresses, including all addresses abroad,** are provided. You must also insert the years that you resided at these addresses **Year from and Year to.** These will be checked and if there is any time unaccounted for, the form will be returned to you. **Please insert "Not Applicable" (N/A) in sections not relevant, do not leave blank or insert strokes/dashes.**
- 10. Please note that this clearance will only cover Irish and Northern Ireland addresses. If you have resided in any other countries, for a period of 6 months or more, it will be mandatory for you to furnish the Hiring Manager with a Police Clearance Certificate from those countries stating that you have/have not convictions recorded against you while residing at the overseas addresses.**

**11. Have you ever been convicted of an offence in the Republic of Ireland or elsewhere?** If no, tick 'no' box. If yes, tick 'yes' box and then please provide details of conviction(s), i.e. Date, Court, Offence, Court Outcome. A statement should be provided here of all prosecutions, successful or not, pending or completed, in the State or elsewhere. This includes court outcomes such as non-conviction, probation, Taken into Consideration, suspended sentence.

**12. Declaration:** Please make certain you fill in the position you are applying for in the section marked: "I, the undersigned have applied to work as a....." You must read this declaration carefully, sign and date it, and also print your name in block capitals underneath the signature. ( BLOCK CAPITALS )

If a section of the form is not applicable to the candidate the candidate should enter 'N/A' or 'Not Applicable'.

**Please be aware that any information returned by the Garda Central Vetting Unit to this HSE area as a result of this request for Garda Clearance may be shared with other HSE areas and HSE-funded organisations in the event that you apply for employment in another HSE area or HSE-funded organisation.**

**The section below the line will be completed by the Health Service Executive.** This will be countersigned by an authorised signatory in the Garda Vetting Liaison Office (GVLO) of the Health Service Executive where it will be forwarded to Garda Central Vetting Unit Thurles.

***If the form is not completed correctly it will be returned to you. Please note this could significantly slow down the recruitment/selection/appointment process.***

***Please return your completed form to:***

**The HR Department  
CoAction  
Slip  
Bantry  
Co Cork**



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Recruitment Section,  
HSE West Area,  
University Hospital Galway,  
TEL: 091 542474  
FAX: 091 542328

SURNAME: SMITH	PREVIOUS NAME (if any): JONES
FORENAME: MARY	ALIAS (if any): N/A
DATE OF BIRTH: (dd/mm/yy) 01.01.1960	P.P.S. NO: 1234567A
PLACE OF BIRTH: SLIGO, IRELAND	
HAVE YOU EVER CHANGED YOUR NAME?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
IF YES PLEASE STATE FORMER NAME:	N/A

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
ST MARTINS	CARNEY	Co. SLIGO	SLIGO	N/A	IRELAND	1960	1982
123	CHERRY HILL	ONAGH	Co TYRONE	BT789X	N. IRELAND	1982	1985
N/A	SEVEN HOUSES	KELLS ROAD	Co KILKENNY	N/A	IRELAND	1985	1991
678	SHOP STREET	LOUGHREA	Co GALWAY	N/A	IRELAND	1991	2008

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
06.07.1987	KILKENNY	FOUND ON LICENSED PREMISES	NON-CONVICTION
03.04.1989	KILKENNY	NO DRIVING LICENCE	FINE €100
18.03.1993	GALWAY	LARCENY	PROBATION

**DECLARATION**

To Commissioner, An Garda Síochána, Central Vetting Unit

I, the undersigned who have applied to work as a CHEF hereby authorise An Garda Síochána to furnish the Health Service Executive (HSE), 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 for recruitment, selection and appointment purposes within the HSE and other HSE-funded organisations in the event that I apply for employment within any area of the HSE or any HSE-funded organisation.

Signature of Applicant: Mary Smith Date: 01.07.2008

Please print name: MARY SMITH

**FOR HSE OFFICE USE ONLY**

Line Manager: Joe Blagys Location: Univ. Hosp. Galway

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: \_\_\_\_\_