

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 *Emergency Care Practitioner hereby authorise An Garda Síochána to furnish to **Barnardos** 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: *Malcolm Best* Date: 4.2.15
PLEASE PRINT ALSO ()

* this field is mandatory

To be completed by Childcare Provider/Childminder only

Line Manager/Contact Person:
PLEASE PRINT ALSO

Ms Gilmudry AN GAIRDIN *Greenford Meadow*
49 GREENPARK MEADOWS
MULLINGAR
TEL: 086 2610210

Date: 4/2/15

To be completed by Barnardos Authorised Signatory only

Authorised Signatory: *[Signature]* (Barnardos)

PLEASE PRINT ALSO *BRANK BRAN*

Authorised Signatory Registration Number: *124* Date: 21/5/15

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.



An Garda Síochána Use Only
Reference No.:

15/132519

An Garda Síochána GARDA VETTING APPLICATION FORM

NOTE TO APPLICANT - BARNARDOS APPLICATION FORM

- > 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, and in blue or black ink
- > Return the completed form to the Childcare Provider that gave it to you
- > Do not send this form to The Garda Central Vetting Unit or to any Garda Station

To be completed by the Applicant

SURNAME: BEST	PREVIOUS NAME (if any): N/A
FORENAME: MALCOLM	ALIAS: N/A
DATE OF BIRTH: (dd/mm/yy) 28.04.57	PLACE/CITY OF ORIGIN: Montana Tyofil S. WALES U.K.
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

House No.	Street	Town	County	Post Code	Country	Year From	Year To
49	MARY STREET TWYNYRHOBYN	MERTHYR TYDFIL	MID GLAMORGAN	CF47 9YD	S. WALES U.K.	1957	1984
19	HIGHLAND RD	NEWPORT	SHREPSHIRE	TF10 7QE	ENGLAND U.K.	1984	1994
7	CROSSWAYS	MANCOT	CLWYD	CH5 2AN	N. WALES U.K.	1994	2001
24	TELEPHONE CLOSE	LLANTWIT MAJORCA	VALE OF GLAMORGAN	CF61 1SZ	S. WALES U.K.	2001	2006
269	GREENPARK MEADOWS	MULLINGAR	WEST MOUTH	/	R.O.I.	2006	2015

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