Identification Form (for verification)

Section 1 – to be completed by the applicant

Position:_____ (state position within Swim Ireland or Club)

Swim Ireland Club (if any):_____

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):_____

_____ National Insurance No/PRSI: _____

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) ï state issuing country
Passport ï 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, 13 Joyce Way, Park West, Dublin 12