

## Appendix A

# Galway County Council Child Protection Policy

Declaration Form – Confidential

### DECLARATION FORM FOR ALL THOSE WORKING WITH CHILDREN AND YOUNG PEOPLE

**THIS DECLARATION, DULY COMPLETED, MUST BE SUBMITTED BY ALL APPLICANTS**

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Any other name(s) previously known as: \_\_\_\_\_

Is there any reason that you would be considered unsuitable to work with children and young people?

Yes  No

If yes, please outline the reason below.

Have you ever been convicted of a criminal offence?

Yes  No

If yes, please state below the nature and date(s) of the offence(s):

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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*Seirbhísí Custaiméara Chomhairle Chontae na Gaillimhe – Cultúr barr feabhais a chothú i ndáil le soláthar Seirbhísí Custaiméara*

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