

Limerick City & County Council

Declaration Form

Confidential

Declaration Form for all those working with children and/or vulnerable adults

Surname: _____

First Name: _____

Address: _____

Place of Birth: _____

Date of Birth: _____ Tel: _____ Mobile: _____

Any other Names previously known by:

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?

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

Signed: _____ Date: _____