

DECLARATIONS

Please read the following three declarations carefully and sign and date your agreement with the text of **each** of the declarations.

Declaration One - Garda/Police

• I declare that I have not at any time been convicted (i.e. *probation, fine, sentence, penalty*) of a criminal offence (e.g. *assault, public order, sexual assault*) in the Republic of Ireland and/or in any other jurisdiction nor are there any charges relating to criminal offences outstanding or pending. I have never been the subject of a Caution or Bound over order. I accept that making a false or misleading declaration may render any offer of a training position and associated employment offers as null and void.

Signed: _____

Date: _____

OR

• I declare that I have been convicted (i.e. *probation, fine, sentence, penalty*) of a criminal offence (e.g. *assault, public order, sexual assault*) in the Republic of Ireland and/or in any other jurisdiction. I have been the subject of a Caution or Bound over order. Please provide the details of same in the table below. I accept that making a false or misleading declaration may render any offer of a training position and associated employment offers as null and void.

Date

Court

Country

Offence

Court Outcome

Signed: _____

Date: _____

Declaration Two - Training Organisation / Programme

- I declare that I currently am not nor was I the subject of an investigation by any professional medical training body or its equivalent in the Republic of Ireland and/or in any other jurisdiction. I accept that making a false or misleading declaration may render any offer of a training position and associated employment offers as null and void.

Signed: _____

Date: _____

OR

- I declare that I currently am or was the subject of an investigation by a professional medical training body or its equivalent in the Republic of Ireland and/or in any other jurisdiction. Please provide the details of same in the table below. I accept that making a false or misleading declaration may render any offer of a training position and associated employment offers as null and void.

Date

Organisation

Offence

Status/Outcome

Signed: _____

Date: _____

Declaration Three - Medical Council/Licensing Body

• I declare that I am not nor have I been the subject of any investigation by a medical registration or licensing body or authority in any jurisdiction with regard to my medical practice or conduct as a practitioner. I have not been suspended from registration, nor had any restrictions on practice nor had my registration or licence cancelled or revoked by any medical registration or licensing body or authority in any jurisdiction nor am I the subject of any current suspension or any restrictions on practice. I accept that making a false or misleading declaration may render any offer of a training position and associated employment offers as null and void.

Signed: _____

Date: _____

OR

• I declare that I am or was the subject of an investigation by a medical registration or licensing body or authority in any jurisdiction with regard to my medical practice or conduct as a practitioner. I am or have been suspended from registration, have/had restrictions on practice and/or my registration or licence cancelled or revoked by a medical registration or licensing body or authority in any jurisdiction and/or am the subject of any current suspension and/or have any restrictions on practice. Please provide the details of same in the table below. I accept that making a false or misleading declaration may render any offer of a training position and associated employment offers as null and void.

Date

Country

Medical Council/ Licensing Body

Offence

Status/ Outcome

Signed: _____

Date: _____