



**Verification re: Current Work Practice**

**To be completed by applicant's current Manager:**

Does this applicant work for a minimum of 10 hours per week? Yes  No

Has this applicant completed the Garda Clearance process? Yes  No

Will the organisation facilitate the applicant to complete work-based assignments? Yes  No

*(The identity of service-users and organisation will be protected and consent will be sought for each assignment)*

**Print Applicant Name:** \_\_\_\_\_

**Organisation Name:** \_\_\_\_\_

**Authorised Signatory on behalf of agency:**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Position held:** \_\_\_\_\_

**Work address:** \_\_\_\_\_

**Contact number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Place  
Official Organisational Stamp  
Here

*(If organisational stamp is not available please provide signed letter  
from authorised signatory on headed paper)*