



**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 organisation stamp in this area

(Stamp does not apply to SMH applicants)

If organisational stamp is not available please provide signed letter  
from authorised signatory on organisation headed paper.