The Association of The

BOXING UNION OF IRELAND LTD.

Affiliated to the European Boxing Union

Suite 1, 4 Chancery Place, Dublin 7, Ireland

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[www.boxingunion.ie](http://www.boxingunion.ie/); email: info@boxingunion.ie

**TRAINER/SECOND LICENCE APPLICATION FORM**

The Association of The

BOXING UNION OF IRELAND

Company Limited by Guarantee

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone No.

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Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Boxing Background:

(Please set out a full history of your association with boxing, both at amateur and professional level. Attach a separate sheet if necessary.)

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Are you resident in Ireland?

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Have you ever been found guilty of any criminal offence? YES/NO.

If yes, please furnish us with full and detailed particulars thereof, to include, inter alia, the specific nature of the offence and any financial and/or custodial penalty imposed by a court in relation to same.

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Have you any criminal charges pending against you in this or any jurisdiction? YES/NO

If yes, please provide details of same.

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Have you been or are you the subject of any criminal investigation in any jurisdiction? YES/NO

If yes, please provide details of same.

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I hereby give permission to the Boxing Union of Ireland to enquire of the Garda Síochána as to whether I have been found guilty of any criminal offences in the past and/or whether I am currently the subject matter of any criminal investigations. I further hereby authorise the Garda Síochána to furnish the Boxing Union of Ireland with copy records of my previous criminal convictions (if any) and/or criminal charges that may be pending against me.

Signed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated:

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Have you ever been declared bankrupt, or do you have any bankruptcy proceedings pending against you? YES/NO

If yes, please provide details of same.

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Signature of Applicant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Once we have been furnished with all the above particulars, the Executive of the Boxing Union of Ireland will be in a position to consider your application.

Please return this form to the Boxing Union of Ireland, by post to 4 Chancery Place, Dublin 7, by fax to: 01 872 9021 or by email to info@boxingunion.ie

If you have any queries, please contract Patricia Connolly, Secretary, at 01 872 9188 or info@boxingunion.ie