



Cover page: Application for registration S38

Applicant reference number	:	<input type="text"/>
Payment authorisation number	:	<input type="text"/>
Name	:	<input type="text"/>
Date of birth	:	<input type="text"/>

Please complete this page and send with your signed statutory declaration, supporting documents and photographs as PDF attachments only to: registration@coru.ie

1. I confirm that I have paid the required fee	<input type="checkbox"/>
2. I confirm that I have referred to the guidance notes in completing this application	<input type="checkbox"/>
3. I understand that the Registration Board may contact my employer in certain circumstances	<input type="checkbox"/>
4. I verify that I have read the data protection section in the Guidance Notes	<input type="checkbox"/>
5. I have translated documents by an official translator if not in English or Irish	<input type="checkbox"/>
6. I confirm I have enclosed the following documents in support of my application:	<input type="checkbox"/>
a) Certified <u>copy</u> of proof of identity: Current passport (photo page) or both sides of current Passport Card or New Irish Driving License (issued since 2013) or Public Services Card (as issued by the Department of Social and Family Affairs)	<input type="checkbox"/>
b) Certified copy of evidence of any change of name if applicable	<input type="checkbox"/>
c) Certified copy of qualification certificate(s) if applicable	<input type="checkbox"/>
d) Completed and signed Garda Vetting form	<input type="checkbox"/>
e) Certified copy of certificate(s) of Criminal Clearance for each country outside of Ireland where I lived for one year and one day or longer from the age of 18 years	<input type="checkbox"/>
f) Evidence of competence in English or Irish language if applicable	<input type="checkbox"/>
g) 2 passport size photographs in JPG or PNG format	<input type="checkbox"/>
h) Additional information in support of your application if applicable (please reference the relevant section and question number)	<input type="checkbox"/>
i) Statutory Declaration signed under oath	<input type="checkbox"/>
j) Completed Returners to Practice form if applicable	<input type="checkbox"/>
7. I acknowledge my application will only be considered on receipt of the above documents by CORU	<input type="checkbox"/>

Signature: _____

Date: _____