

Garda Representative Association

GRA Sub Committee Transfers Form

This information is sought for the purposes of assisting the GRA in addressing your application for a transfer and will be treated in confidence.

PERSONAL

Name _____ Reg No. _____

Station: _____ Today's Date: _____ Contact No _____

Original Home Address: _____

Please tick appropriate box: Married: Partner Single

Please indicate the No. of Children, if applicable. _____

General

Date of Attestation _____ No of years attached to current Station; _____

No of years attached to previous Station(s) _____

Please give date of original application for transfer from your present Station: _____

Is your current application live i.e. submitted within the last two years _____

Please attach complete copy of recent application together with copy of D.19 submitted.

What was the result? _____

Did you advance any special circumstances in your application: _____

Please indicate Divisions being sought in order of preference _____

Completed details should be returned to the Deputy General Secretary, GRA, Floor 5, Phibsboro, Dublin 7.

Office use only

Division: _____ Ref File No _____

Date application received _____ Priority List Date _____

Any other relevant details _____