Form 2
(Application for compensation for members of An Garda Síochána only, malicious injuries on duty)

GARDA SÍOCHÁNA (COMPENSATION) ACTS, 1941 AND 1945

FORM OF APPLICATION FOR COMPENSATION IN RESPECT OF PERSONAL INJURIES NOT CAUSING DEATH.

1. Name of applicant
   ______________________________________________________________________________

2. Rank of applicant (if still in An Garda Síochána)
   ______________________________________________________________________________

3. Date of retirement of applicant (if no longer in An Garda Síochána)
   ______________________________________________________________________________

4. Address of the applicant
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

5. Date on which the injuries were inflicted
   ______________________________________________________________________________

6. Particulars of the injuries
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

7. The duty (if any) on which the applicant was engaged when the injuries were inflicted
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
8. The place at which and the circumstances in which the injuries were inflicted

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

9. Other facts and circumstances (if any) which the applicant desires to bring to the Minister's notice in support of the application

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

(Signed)_________________________________________________________________

Dated this ___________ day of_______________ 20___

NOTE - This form, when completed, should be sent by post in an envelope addressed to:

Garda Compensation Section
Department of Justice and Equality
Floor 2, Montague Court
Montague Street
Dublin 2
D02 FT96

Particulars which are too long to be stated on this form should be stated on a separate sheet annexed to this form.

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Department of Justice and Equality

Form of Application
Under the
Garda Síochána (Compensation) Acts 1941 and 1945

Privacy Notice

1. The data you provide in this form is collected by Criminal Justice Operations and Service Delivery, a Division of the Department of Justice and Equality. The data controller for the information you provide is the Department of Justice and Equality (DJE). The data controller’s contact details are:

Garda Compensation Section
Department of Justice and Equality
Floor 2, Montague Court
Montague Street
Dublin 2
D02 FT96

2. We may use the personal data you provide in this form to process an application under the Garda Síochána (Compensation) Acts 1941 – 1945.

Our legal basis for collecting and processing this data is associated with the Garda Síochána (Compensation) Acts 1941-1945.

The personal data provided here will be stored securely by on DJE IT servers. It may be shared, where appropriate, with the following third parties:

➢ Chief State Solicitors Office
➢ Chief Medical Officer, An Garda Síochána

3. The contact for any queries in relation to this form is the Garda Compensation Section, DJE.

4. This data will be stored in accordance with specified DJE retention schedules and the requirements of the National Archives Act 1986

5. You can request a copy of the personal data that we hold. You can do this by completing a Subject Access Request form, available at www.justice.ie/dataprotection or from any Department of Justice and Equality Public Office, and forwarding it to
You can contact the Data Protection Officer for the Department of Justice by post; The Data Protection Officer, Department of Justice and Equality, 51 St. Stephen’s Green, Dublin 2, D02 HK52 or by email - dataprotectioncompliance@dje.ie

I acknowledge that I have read and understood the information provided above by the Department of Justice and Equality for the purposes of ensuring fair and transparent processing of my personal data.

Name of applicant______________________

Signature of applicant_____________________

Date_________________________________