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 and LONG NUMBER
......................................................................................................................................................
3. Date of retirement of applicant (if no longer a serving member Garda Síochána):
......................................................................................................................................................
4. Postal and Email Address for applicant /Solicitor for applicant
......................................................................................................................................................
5. Date on which the injuries were inflicted [only one incident date per application].
......................................................................................................................................................
6. *Particulars of the injuries and treatment provided:
......................................................................................................................................................
......................................................................................................................................................
......................................................................................................................................................
7. *The duty (if any) on which the applicant was engaged when the injuries were inflicted
[Please confirm if applicant was on duty involving special risk- this will need to be confirmed by
the relevant Inspector]
......................................................................................................................................................
......................................................................................................................................................
......................................................................................................................................................
8. *The place at which and the circumstances in which the injuries were inflicted
......................................................................................................................................................
......................................................................................................................................................
......................................................................................................................................................
9. If the application is being submitted outside the statutory time limits as set out in Section 5 of the
Acts, provide an explanation
Form 2

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

10. 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 ________________

NOTE - This form, when completed, should be sent with a completed Privacy Notice by post in an envelope addressed “for the attention of the Garda Compensation Section, Department of Justice, 51 St Stephen’s Green, Dublin 2, D02 HK52

*Particulars that are too long to be stated on this form should be set out on a separate sheet annexed to this form.
1. The Garda Compensation Unit, a Division of the Department of Justice, collects the data you provide in this form. The data controller for the information you provide is the Department of Justice (DoJ). The data controller’s contact details are: The Department of Justice, 51 St. Stephen’s Green, Dublin 2, D02 HK52

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 DOJ 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 Policing Division, DOJ.

4. This data will be stored in accordance with specified DoJ 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 or from any Department of Justice Public Office, and forwarding it to subjectaccessrequest@justice.ie or by post to the DOJ Data Protection Officer at the address below. You will be required to verify your identity before the data can be forwarded to you.

6. You have the right to rectify any inaccuracies in your data provided on the application form. To do this you should write to Policing Division, DOJ, documenting the inaccuracies that need to be rectified.
7. You have the right, where appropriate, to obtain erasure of your data and/or a restriction on processing of your data as well as the right to object to the processing of your data. In the event that this is the case, your application under the Garda Síochána (Compensation) Acts 1941-1945 will be removed and will no longer be processed. In addition, you have the right to lodge a complaint with the Data Protection Commission. Further details in relation to your data protection rights can be found in our Department of Justice Data Protection Policy available at [www.justice.ie](http://www.justice.ie)

You can contact the Data Protection Officer for the Department of Justice by post;

The Data Protection Officer, Department of Justice,
51 St. Stephen’s Green, Dublin 2, D02 HK52.
Or
by email - [dataprotectioncompliance@ DOJ.ie](mailto:dataprotectioncompliance@ DOJ.ie)

---

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

Name of Applicant: ____________________________________________

BLOCK LETTERS

Signature of Applicant: __________________________________________

Date: ________________________________________________________