

# Application Form

Name of Company:

Trading Name (if different):

Is this an Irish registered company?                      Yes                      No

CRO Registration Number:       Date of Incorporation:

CRO Company Address:

Company Address (if different):

Website:

## Directors of Company:

Name:	Address:	E-mail:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficial Ownership of Company:

Is the company owned 100% by the Directors listed above?

Yes

No

Is beneficial ownership of the company vested entirely in these directors?

Yes

No

**If No was selected on either of the above, please provide comprehensive information on all beneficial owners:**

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**Please list other directorships of any and all of the Directors listed above:**

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**Have any of the Directors listed above ever been declared bankrupt or been prosecuted for a crime?**

Yes                      No

If Yes, please give details:

**Is at least one of the Directors listed above ordinarily a resident in Ireland or another EU member state?**

Yes                      No

**If Yes, please identify the Director(s):**


**If No, is there a bond in place as required by Irish company law?**

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# STAFF

Please List All Staff

Name:	Qualification:	Years of Experience in Guardianship:	Garda Vetted:	Date Last Vetted:

**Staff Member Trained as DLP (Designated Liaison Person):**


**Are all staff listed involved full time  
in the RO activities re-guardianship?**

Yes

No

**If not, please list those staff engaged in full-time guardianship:**


Please provide an organogram of the company.

## STUDENTS

Number of students currently registered with the RO:

Number in boarding schools:

Number in day schools:

Number of students registered with the  
Company in the most recent academic year:

Number in boarding schools:

Number in day schools:

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## TAX COMPLIANCE

What is the company Tax Year (start month/end month):

Most recent Company Accounts' filing covers the \_\_\_\_\_ tax year:

Is the company fully tax compliant?

Yes

No

*Please provide a Tax Clearance certificate for the most recent tax year of the company.*

*Please provide a letter from your auditors certifying that the company is solvent and in good standing with the authorities in Ireland.*

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## INSURANCE

Please provide details of Public Liability held and to what value:

*Details*

*Value*

Please provide details of Employers Liability Insurance and to what value:

*Details*

*Value*

I agree that AGPI may make enquiries with schools, host families, staff and overseas partners with regard to the veracity or otherwise of statements and confirmations contained in this application; and with regard to the frequency and quality of services provided by the RO.

For this purpose, AGPI Inspectors will attend at the RO offices and will be allowed full and complete access to placement details for all current and past students. This information will not be shared with any other member of AGPI, whether director, staff or ordinary member and shall be entirely confidential.

**Please attach copies of all relevant material and documents to this application:**

- Brochure Material
- Partner Handbooks
- Copies of any other promotional material
- Child Protection Guidelines
- GDPR Policies and Procedures
- Student Care Plan (sample)
- Child Protection Staff Declaration
- Safeguarding Staff Declaration
- Guidelines on Internet and Computer Use
- Discipline and Behaviour Agreement
- Host Family Agreement
- Host Family Application Form
- Host Family Inspection Form
- Host Family Guidelines and Information Manual
- Host Family Guidelines for Younger Students (16 and under)
- Monthly Report Form
- Staff Handbook on Guardianship, Reporting and Recording
- Copies of Professional Indemnity & Employers Liability Insurance

I declare that the information provided by me on the above form is true and correct to the best of my knowledge and belief. I also confirm that in the event any information provided by me is not true and complete, AGPI will be within its right to take action including but not limited to refusal to accredit or discontinuation of the company's registration as an accredited member

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Signed Date

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Signature

Please complete, sign and date this form, save a copy for your own records and email the saved form to [info@agpi.ie](mailto:info@agpi.ie). Other documentation and material requested as part of the application process should either be forwarded by email or posted to: AGPI, c/o HSI, Castleriver House, 14/15 Parliament St, Dublin 2.