

**Guidelines for completing Vetting Invitation Form (NVB 1)**

Please read the following guidelines before completing this form.

|  |
| --- |
| **Miscellaneous** |
| The Form must be completed in full using **BLOCK CAPITALS** and writing must be clear and legible. |
| The applicants signature must be a wet ink signature. |
| Photocopies will not be accepted. |
| All applicants will be required to provide documents to validate their identity. |
| If the applicant is under 18 years of age, a completed NVB 3 - Parent\Guardian Consent Form will be required. Please note that where the applicant is under 18 years of age the electronic correspondence will issue to the Parent\Guardian. This being the case, the applicant must provide their Parent\Guardian Email address on the NVB 1 form. |
|  |
| **Personal Details** |
| Insert details for each field, allowing one block letter per box. |
| For Date of Birth field, allow one digit per box. |
| Please fill in your Email Address, allowing one character/symbol per box. This is required as the invitation to the e-vetting website will be sent to this address. |
| Please allow one digit per box for your contact number. |
| The Current Address means the address you are now living at. |
| The address fields should be completed in full, including Eircode/Postcode. No abbreviations. |
|  |
| **Role Being Vetted For** |
| The role being applied for must be clearly stated. Generic terms such as “Volunteer” will not suffice. |
|  |
| **Declaration of Application** |
| The applicant must confirm their understanding and acceptance of the two statements by signing the application form at Section 2 and ticking the box provided. |
| An invitation to the e-vetting website will then be sent to your Email address from [evetting.donotreply@garda.ie](mailto:evetting.donotreply@garda.ie) |
| The **Identity Document Validation Form** section of this form must be completed by the person validating your identity and proof of address documents from the organisation listed in Section 2. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Horizons, 1st Floor, 1D – 1 F, The Atrium, Blackpool Retail Park, Blackpool, Cork, T23 T2VY | | | | | | | **Garda Crest (for presentations)** | | | | | | | | | | | | | | | **Your Ref:** | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | **Form NVB 1** | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | **Vetting Invitation** | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 1 – Personal Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Under Sec 26(b) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016, it is an offence to make a false statement for the purpose of obtaining a vetting disclosure.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Forename(s):** | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Middle**  **Name(s):** | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Surname:** | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date Of Birth:** | | | **D** | **D** | **/** | **M** | | **M** | **/** | **Y** | **Y** | **Y** | **Y** |
| **Email Address:** | | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Contact Number:** | | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Role Being Vetted For:** | | | | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Current Address:** | | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Line 1:** | | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Line 2:** | | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Line 3:** | | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Line 4:** | | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Line 5:** | | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Eircode/Postcode:** | | | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 2 – Additional Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name Of Organisation:** | | | | | | **Horizons** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I have provided documentation to validate my identity as required and I consent to the making of this application and**  **to the disclosure of information by the National Vetting Bureau to the Liaison Person pursuant to Section 13(4)(e) National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Please tick box, to confirm I have read above declaration.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant’s** | | | |  | | | | | | | | | | | | |  | | |  |  |  |  |  |  |  |  |  |  |
| **Signature:** | | | | **Date:** | | | **D** | **D** | **/** | **M** | **M** | **/** | **Y** | **Y** | **Y** | **Y** |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **FOR OFFICE USE ONLY – Not to be completed by applicant** | |  | | |
|  | **Identity Document Validation Form** | | **Your Ref:** | | |
|  | | |
| **Section 1: Photographic ID** | | | |  |  |
| Is the photographic document, being relied upon, current and not expired? | | | | [ ] Yes | [ ] No |
| Is the photograph on the document a true likeness for the vetting subject? | | | | [ ] Yes | [ ] No |
| Is the photograph of high quality and clear? | | | | [ ] Yes | [ ] No |
| Is the date of birth on the document matching the date provided on the NVB1 Form? | | | | [ ] Yes | [ ] No |
| Is the name on the document exactly matching the name provided on the NVB1 Form? | | | | [ ] Yes | [ ] No |
|  | | | | | |
| **Section 2: Proof of Address** | | | | | |
| Is the address document dated within six months of the consent date? | | | | [ ] Yes | [ ] No |
| Is the address on the proof of address document matching the address provided on the NVB1 Form? | | | | [ ] Yes | [ ] No |
| Is the vetting subject's name included on the proof of address document? | | | | [ ] Yes | [ ] No |
| Is the document acceptable as proof of address document, as per Identity Document Schedule? | | | | [ ] Yes | [ ] No |
|  | | | | | |
| **Section 3: NVB1 Form** | | | | | |
| Is the NVB1 form dated and signed by the vetting subject? | | | | [ ] Yes | [ ] No |
| Is the role accepted to be relevant work or activity? | | | | [ ] Yes | [ ] No |
| Is the Consent Box ticked? | | | | [ ] Yes | [ ] No |
|  | | | | | |
| **Section 4: Document Confirmation** | | | | | |
| I have physically seen and retained/forwarded a copy of the following documents: (Please check all that apply) | | | | | |
| Completed NVB1 Form (original) | | | | [ ] Yes | [ ] No |
| Photographic ID document type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Document Reference No. ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | [ ] Yes | [ ] No |
| Proof of address document type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | [ ] Yes | [ ] No |
| **If you have answered No to any of the above questions the vetting subject has not met the criteria to continue with the vetting process** | | | | | |
|  | | | | | |
| **Section 5: Validator Information** | | | | | |
| Validator's Name (PRINT NAME): | |  | | | |
| Validator's Signature: | |  | | | |
| Validator’s Role: | |  | | | |
| Validator’s Contact Number: | |  | | | |
| Date of Validation: | |  |