



Guidelines for completing Vetting Invitation Form (NVB 1) Under 18s

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

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.

Vetting Department
Cloyne Diocesan Centre
Spy Hill
Cobh
Co. Cork P24RK54



Your Ref:

Form NVB 1

Vetting Invitation Under 18s

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					
Parent/guardian Email Address:															
Parent/guardian Contact No:															
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: Diocese of Cloyne (Parish/School Name)

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



AN GARDÁ SÍOCHÁNA

NATIONAL VETTING BUREAU

PARENT/GUARDIAN CONSENT FORM (NVB 3)

Applicant Details

Forename(s):																			
Surname:																			
Date Of Birth:	D	D	/	M	M	/	Y	Y	Y	Y									

Parent/Guardian Details

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):														
Surname:														
Relationship to applicant:					Father:		Mother:		Guardian:					

Address:

Parent/Guardian Consent

I, being the Parent/Guardian of the above named applicant, consent for the National Vetting Bureau to conduct vetting in respect of the above named applicant in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

**Parent/Guardian
Signature:**

1. **What is the primary purpose of the study?**

Date:

The diagram consists of a sequence of eight boxes arranged in a single row. The boxes are divided into three groups by two diagonal slashes. The first group contains two boxes, both labeled 'D'. The second group contains two boxes, both labeled 'M'. The third group contains four boxes, all labeled 'Y'.

Section 3 – Organisation Information

Name of Organisation requesting vetting Parish (or School or Order or Agency)	
Contact Person : Parish Priest or Administrator of the Parish	
Address of Organisation	Cloyne Diocesan Centre, Cobh, Co. Cork. P24 RK54
Name of Parish	
Dedicated vetting Email Address	
Contact No. of Validator	

Section 4 – Identification documents

This schedule lists the documentation that the Garda National Vetting Bureau (GNVB) will accept when processing vetting applications. **You need to provide one photographic identification and one proof of address. Strict Adherence: Only the documents listed are acceptable.**

Provide ONE Photographic Identification	Tick
Passport from country of citizenship	
Irish Driving Licence or Learner Permit (new credit card format)	
Irish Certificate of Naturalisation	
National Identity Card (EU/EEA/Swiss Citizens)	

Provide ONE proof of Address - issued within the last 6 months only from the list below	Tick
Bank Statement from a recognised bank (not private money lenders or Revolut)	
Building Society Statement	
Credit Union Statement	
Credit Union Passbook	
Utility Bill (will only accept gas, electricity, broadband, waste & TV licence)	
Correspondence from government departments (Property Tax Bill or Pay Slip not acceptable)	
Letter from Local Council confirming residency	

Only in circumstances where an applicant under the age of 18 that does not have documentation outlined in the table above will the following be accepted, two documents must be submitted, one document must be the birth certificate	Tick
Birth Certificate	
Passport from a country of citizenship	
Written statement by a school principal confirming attendance (on school letterhead)	

By signing this form, I confirm that I have reviewed originals of the documents indicated above in relation to the Vetting Applicant and that I have validated the identity and current address of the Vetting Applicant in accordance with the requirements of the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 to 2016. I also confirm that copies of identification documents have been retained in accordance with the Data Protection Act 1988 to 2018.

Contact Person
Signature:

Date: / / / /

FOR USE BY THE PARISH/SCHOOL/ORDER/AGENCY REQUESTING THE VETTING ONLY**Not to be completed by applicant****Identify Document Validation Form (Please tick Yes or No)****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 **exactly** 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 write in the relevant information where requested and tick the box as well**)

- Completed NVB1 Form (original) Yes No
- Photographic ID document type: _____ Yes No
- Document Reference 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: _____

