

Sr Ena Kennedy  
 21 The Meadows,  
 Callan  
 Co Kilkenny



Your Ref:

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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:

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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 you have read above declaration.

Applicant's  
Signature:

|  |       |   |   |  |
|--|-------|---|---|--|
|  | Date: | / | / |  |
|--|-------|---|---|--|

# 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: \_\_\_\_\_  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: \_\_\_\_\_