



Western Province Vetting Service
Árus de Brún
Newtownsmith
Galway H91 XKF4

Your ref:

SECTION 1 — PERSONAL INFORMATION

Under Section 26(b) of the National Vetting Bureau (Children & 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																				
PHONE NUMBER																				
ROLE BEING VETTED FOR																				
CURRENT ADDRESS																				
Line 1																				
Line 2																				
Line 3																				
Line 4																				
Eircode																				

SECTION 2 — ADDITIONAL INFORMATION

I have provided documentation to validate my identity as required. 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.

NAME OF ORGANISATION		SCHOOL ROLL NUMBER (if applicable)	
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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.

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Please tick box, to confirm I have read the above declaration.

APPLICANT SIGNATURE	
DATE	D D M M Y Y Y Y

Identity Document Validation Form

Section 1: Photographic ID

- | | | |
|---|------------------------------|-----------------------------|
| Is the photographic document, being relied upon, current and not expired? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the photograph on the document a true likeness for the vetting subject? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the photograph of high quality and clear? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the date of birth on the document matching the date provided on the NVB1 Form? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the name on the document exactly matching the name provided on the NVB1 Form? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Section 2: Proof of Address

- | | | |
|---|------------------------------|-----------------------------|
| Is the address document dated within six months of the consent date? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the address on the proof of address document matching the address provided on the NVB1 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the vetting subject's name included on the proof of address document? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the document acceptable as proof of address document, as per Identity Document | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Section 3: NVB1 Form

- | | | |
|---|------------------------------|-----------------------------|
| Is the NVB1 form dated and signed by the vetting subject? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the role accepted to be relevant work or activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the Consent Box ticked? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Photographic ID document type: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Document Reference No. _____ | | |
| Proof of address document type: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:
(Bishop/Priest/Chairperson/Principal) _____
- Validator's Contact Number: _____
- Validator's Email Address: _____
- Date of Validation: _____