



## **Guidelines for completing Vetting Form (NVB 2)**

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 Form should be completed in ball point pen.

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.

### **Section 1 Personal Details**

Insert details for each field, allowing one block letter per box.

For Date of Birth field, allow one digit per box.

For Gender field please tick the appropriate box.

Please provide changes of names, if any, from birth i.e. name change due to marriage, deed poll, adoption.

For Place of Birth, please state County/State of birth as this is a mandatory field.

Please state Country Of Birth as this is a mandatory field.

Please state your Passport Number where applicable.

Please state your Mother's Maiden Name as stated on your birth certificate.

Any fields not applicable to the applicant should be marked "N/A".

### **Section 2 Addresses**

Please enter all your previous addresses in chronological order.

The address fields should be completed in full, including Eircode/Postcode. No abbreviations.

Insure that all years from birth to present are included.

Allow one letter per box and an empty box between words.

For the "Years From" and "Years To", please specify the year only e.g.

1	9	6	3
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It is permitted to have more than one address in any given year.

### **Section 3 Self Disclosed Criminal Record**

Criminal record means a record of the person's convictions whether within or outside the state for any criminal offence together with any ancillary or consequential orders made pursuant to the convictions concerned or a record of any prosecutions pending against the person whether within or outside the state for any criminal offences or both.

A person shall not be obliged to provide details of any convictions to which Section 14A of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016 applies.

### **Section 4 Liaison Person**

This section is not to be filled out by the applicant.

### **Section 5 Declaration of Consent**

The applicant must confirm their understanding and acceptance of the statement by ticking the appropriate box where indicated. The date must be the present date of signing.

### **Section 6 Additional Addresses**

See guidelines for Section 2 Addresses.

AN GARDA SÍOCHÁNA



NATIONAL VETTING BUREAU

Organisation Address

Garda Vetting Office
St. John's Pastoral Centre
John's Hill
Waterford X91 HW9D

Your Ref No:

[Empty box for reference number]

NVB Application ID

[Grid for application ID]

Note To Applicant

- Return this form to the above named organisation.
Do not send this form to the National Vetting Bureau or to any Garda Station.
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.

Other than the Republic of Ireland, have you lived in any EU State or in England, Scotland, Wales or Northern Ireland?

No: [ ] Yes: [ ]

Does the role involve working with children?

No: [ ] Yes: [ ]

Section 1 – Personal Information

(to be completed by Applicant)

Forename(s): [ ]
Middle Name(s): [ ]
Surname: [ ]

Gender: Male: [ ] Female: [ ]

Is your Name at Birth the same as above? Yes: [ ] No: [ ] If No, please provide details:

Forename(s): [ ]
Middle Name(s): [ ]
Surname: [ ]

Also known as:
Name/Alias: [ ]

Date of Birth: D D / M M / Y Y Y Y

Place of Birth: [ ]

Country of Birth: [ ]

Passport No: [ ]

Passport Issuing Country: [ ]

Mother's Forename: [ ]

Mother's Surname: [ ]

Do you know your Father's Name? Yes: [ ] No: [ ] If Yes, please state their Name below:

Father's Forename: [ ]

Father's Surname: [ ]



**Section 4 – Self Disclosed Criminal Record**

(to be completed by Applicant)

Have you a criminal record in Ireland or elsewhere? Yes:  No:  (If Yes, please provide details)

Date	Court Name	Offence Summary	Court Outcome / Cases Pending / Appeals

**Section 5 – Liaison Person**

(to be completed by Liaison Person)

Organisation:

Authorised Liaison Person Details:

Forename:

Surname:

Liaison person No:

*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 Data Protection Acts 1988 to 2018*

Please tick box

Liaison Person Signature:

Date:

D D / M M / Y Y Y Y

Role being vetted for:

Is the application submitted on behalf of an Affiliate Organisation: Yes:  No:

**Section 6 – Declaration Of Consent**

(to be completed by Applicant)

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

Applicant Signature:

Date:

D D / M M / Y Y Y Y

**Section 6 - Address History Cont.**

**(to be completed by Applicant)**

Line 1:																				
Line 2:																				
Town/City:																				
Region/State:																				
Line 5:																				
Postcode:																				
Country:																				

Year From:			
Y	Y	Y	Y
Year To:			
Y	Y	Y	Y

Line 1:																				
Line 2:																				
Town/City:																				
Region/State:																				
Line 5:																				
Postcode:																				
Country:																				

Year From:			
Y	Y	Y	Y
Year To:			
Y	Y	Y	Y

Line 1:																				
Line 2:																				
Town/City:																				
Region/State:																				
Line 5:																				
Postcode:																				
Country:																				

Year From:			
Y	Y	Y	Y
Year To:			
Y	Y	Y	Y

Line 1:																				
Line 2:																				
Town/City:																				
Region/State:																				
Line 5:																				
Postcode:																				
Country:																				

Year From:			
Y	Y	Y	Y
Year To:			
Y	Y	Y	Y

Line 1:																				
Line 2:																				
Town/City:																				
Region/State:																				
Line 5:																				
Postcode:																				
Country:																				

Year From:			
Y	Y	Y	Y
Year To:			
Y	Y	Y	Y

# 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 NVB2 Form?  Yes  No
- Is the name on the document exactly matching the name provided on the NVB2 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 NVB2 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 NVB2 Form (original)  Yes  No
- Photographic ID Passport  Driving Licence  National ID Card   Yes  No
- Document Reference No. \_\_\_\_\_
- Proof of address  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: