DIOCESE OF KILDARE AND LEIGHLIN

VETTING INVITATION (NVB1) PROCESS

Please read these instructions carefully as incorrect applications will be returned to parishes and schools.
This will lead to a delay in vetting your staff and/or volunteers.

1. The form must be completed in full. The front (page 3) by the applicant, the back (page 4) by the validator.
2. You must ensure to TICK the small box at the end of the form.
3. You must physically sign the invitation; digital signatures are not accepted in any circumstance.
4. Please read the Identity Document Schedule carefully and, once validated, ensure that clear copies of the correct identity documents are enclosed with your completed vetting invitation application.
5. You **must POST** your completed form to Garda Vetting, Bishop's House, Old Dublin Road, Carlow, R93 F6D5. Forms may not be submitted via email.
6. If you require vetting for a role in a school please provide the school name, address and roll number in the boxes below.

School Name & Address	
School Roll Number	

7. If you require vetting for a role in a parish please provide the parish name and address in the box below.

Parish Name & Address	

To ensure that applications are processed as quickly as possible please double check all forms for accuracy and that the correct identification documents are enclosed.

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

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.

Diocese of Kildare & Leighlin
Bishop's House
Old Dublin Road
Carlow, R93 F6D5

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: Diocese of Kildare and Leighlin

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: _____	[ ] Yes	[ ] No
Document Reference No. _____		
Proof of address document type: _____	[ ] Yes	[ ] No

If you have answered <u>No</u> 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: _____