

WESTERN PROVINCE DIOCESAN VETTING SERVICE GUIDELINES FOR VETTING APPLICANT

General

- **Section 1** and **Section 2** of the VETTING INVITATION FORM must be completed in full by the APPLICANT
- **Section 3** must be completed in full by the ORGANISATION'S CONTACT PERSON for the applicant i.e. (Bishop, Priest, Chairperson of Board of Management or Agency Manager)
- Once all sections are completed the form should be returned to the following address: **WESTERN PROVINCE DIOCESAN VETTING SERVICE, GALWAY PASTORAL CENTRE, NEWTOWNSMITH, GALWAY CITY**
- **DO NOT** send this form directly to the National Vetting Bureau or to any Garda Station.
- The Form should be completed 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**. These typically will include: **Passport or Valid Driving Licence plus Verification of Current Address i.e. recent utility bill, bank statement, etc.**
- If the applicant is under 18 Years of age, a completed **NVB 3 – Parent\Guardian Consent Form** will be required. This is available to download as a separate form.

Section 1 - Personal Information:

- Insert details for each field, allowing one block letter per box.
- For **Date of Birth**, allow one digit per box in the format DDMMYYYY.
- Please fill in your **Email Address**, allowing one character/symbol per box. Please use second line if required without leaving any gap. Email Address Field is a mandatory requirement as the invitation to the e-Vetting Form will be sent to this email address.
- Contact Number must be provided, allowing one digit per box.
- The **Role Being Vetted for** must be clearly stated. Generic terms such as "Volunteer" will not suffice, so please be more specific. e.g. Supervisor of Young People, Special Needs Assistant, Priest, Choir Leader, etc.
- The **Current Address** means the address you are now living at and it should be completed in full, including EIRCODE/POSTCODE. No abbreviations.

Section 2 - Applicant's Consent and Signature

- The Applicant must confirm their understanding and acceptance of the statement by ticking the box, signing and dating the Form in Section 2.

Section 3 – Organisation Information:

- This section should **only be completed** by the ORGANISATION'S CONTACT PERSON for the Applicant i.e. Bishop/Priest/Chairperson of Board of Management/Agency Manager.
- Insert details for each field as applicable.
- For School Roll Number, this should be completed when the Applicant is applying for a role in a school.
- The ORGANISATION'S CONTACT PERSON must confirm that the Applicant has provided documentation to validate their identity, by ticking the box, signing and dating the Form in Section 3.
- Copies of the documentation provided to validate the Applicant's identity should **not be retained** by the organisation **nor should they be sent** to the Western Province Vetting Service Office.

**Western Province Diocesan Vetting Service
Vetting Invitation**

Ref No:

Please complete using **BLOCK CAPITALS** and return form to the following address:
**WESTERN PROVINCE DIOCESAN VETTING SERVICE, GALWAY PASTORAL CENTRE,
 NEWTOWNSMITH, GALWAY CITY**
DO NOT send this form directly to the National Vetting Bureau or to any Garda Station

Section 1 - Personal Information

Under Section 26 (b) of the National Vetting Bureau (Children & Vulnerable Persons) 2012, it is an offence to make a false statement for the purpose of obtaining a vetting disclosure.

Forename(s)	
Middle Name:	
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 – Applicant’s Consent and Signature

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:

Applicant’s Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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Section 3 – Organisation Information

Name of Organisation Requesting Vetting <i>(Diocese/Parish/School/Diocesan Agency)</i>	
Contact Person <i>(Bishop/Priest/Chairperson of Board of Management/Agency Manager)</i>	
Address of Organisation	
Email Address for contact Person:	
Contact Number:	
Roll Number (Schools Only):	

The Applicant has provided documentation* to validate their identity in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 to 2016

Please tick: List Documents Provided:

Contact Person Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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Notes:

***Valid Forms of Identity must include Photo ID, Proof of Date of Birth and Proof of Current Address. e.g. Passport plus Current Utility Bill.**

The Contact Person should return this to:

**VETTING ADMINISTRATOR
WESTERN PROVINCE VETTING SERVICE
GALWAY DIOCESAN PASTORAL CENTRE
NEWTOWNSMITH
GALWAY CITY**