**DIOCESE OF KILDARE & LEIGHLIN SCHOOLS**

**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 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. |
|  |
| **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. |

|  |
| --- |
| **Please confirm the following are attached:**  |
| **Identification:** Has ID been copied and attached?  | **Yes/No** |
| **Address Verification:**  Has address verification been copied and attached? | **Yes/No** |
| ***Proof of Identity and Confirmation of the Current Address is required before the vetting process can commence.******For information on Identification please see ‘100 point checklist’ attached*.** |

|  |  |  |
| --- | --- | --- |
| **Identification (100 Point Checklist) Copies of documents taken should score 100 or more.** | **Score** | **Tick** |
| **Irish driving license or learner permit (new credit card format)** | **80** |  |
| **Irish Public Services Card** | **80** |  |
| **Passport (from country of citizenship)** | **70** |  |
| **Irish certificate of naturalisation**  | **50** |  |
| **Birth certificate** | **50** |  |
| **Garda National Immigration Bureau (**GNIB) card | **50** |  |
| **National Identity Card** for EU/EEA/Swiss citizens | **50** |  |
| **Irish driving licence or learner permit (old paper format)** | **40** |  |
| **Employment ID** |  |  |
| * ID card issued by employer (with name and address)
 | **35** |  |
| * ID card issued by employer (name only)
 | **25** |  |
| **Letter from employer** (within last two years) |  |  |
| * Confirming name and address
 | **35** |  |
| **P60, P45 or Payslip** (with home address) | **35** |  |
| **Utility bill e.g. gas, electricity, television, broadband** (must not be more than 6 months old. Printed online bills are acceptable. Mobile phone bills are not acceptable) | **35** |  |
| **Public services card/social services card/medical card** | **25** |  |
| * With photograph
 | **40** |  |
| **Bank/Building Society/Credit Union statement** | 35 |  |
| **Credit/debit cards/passbooks** (only one per institution) | **25** |  |
| **National age card** (issued by An Garda Siochana) | **25** |  |
| **Membership card** |  |  |
| * Club, union or trade, professional bodies
 | **25** |  |
| * Educational institution
 | **25** |  |
| **Correspondence** |  |  |
| * From an educational institution/SUSI/CAO
 | **20** |  |
| * From an insurance company regarding an active policy
 | **20** |  |
| * From a bank/credit union or government body or state agency
 | **20** |  |

|  |  |
| --- | --- |
| **DIOCESE OF KILDARE & LEIGHLIN SCHOOLS****10 HAWTHORN DRIVE****TULLOW****CO. CARLOW** | **Your Ref:** |
|  |
|  |
|  | **Form NVB 1**  |  |
|  | **Vetting Invitation** |  |

**Section 1 – Personal Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**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.**

**Section 2 – Additional Information**

|  |  |
| --- | --- |
| **Name Of Organisation:** | Scoil Bhríde Nurney, County Kildare 16345a |
|  |
| **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 ** |
|
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant’s** |   |  |  |  |  |  |  |  |  |  |  |  |
| **Signature:** |  **Date:** | **D** | **D** | **/** | **M** | **M** | **/** | **Y** | **Y** | **Y** | **Y** |
|  |
| **Note: Please return this form to the above named organisation. An invitation to the e-vetting website will then be sent to your Email address.** |