

# Archdiocese of Dublin

## **Guidelines for completing Vetting Invitation Form (NVB 1)**

Please read the following guidelines before completing this form.

- The Form must be completed in full using **BLOCK CAPITALS** and **writing must be clear and legible**.
- All applicants are 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 also be required. Please note that minors should not use their own personal email address and phone number. These contact details must be their parent/guardian's.

### **Personal Details**

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

The invitation to the e-vetting website will be sent to the email address provided in Section 1.

The current address means the address you are now living at.

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

### **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.

## 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:											
Surname:											
Date Of Birth:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y		
Email Address:											
Contact Number:											
Current Address:											
Line 1:											
Line 2:											
Line 3:											
Line 4:											
Line 5:											
Eircode/Postcode:											

Role being vetted for as per 2021 vetting matrix:

Role: \_\_\_\_\_

If you feel that a volunteer who does not fit in any of the categories as laid out in the vetting matrix, should be vetted, please phone our office with details of the role, before asking the volunteer to complete the NVB1 Form.

## Section 2 – Additional Information

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:   /   /

Note: An invitation to the e-vetting website will then be sent to your Email address.

## Section 3 – Organisation Information

Name of Parish	Kilnamanagh-Castleview Parish
Contact Person (Parish Priest)	Fr Frank Drescher
Address of Parish	St Kevin's Church, Treepark Road, Kilnamanagh, D24 HW80
Parish Priest Secure Email	frank.drescher@dublindiocese.ie
Contact No.	01-4523805

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

Witness name (block) \_\_\_\_\_

Witness signature \_\_\_\_\_ Date \_\_\_\_\_

The applicant has provided documentation to validate their identity in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 to 2016 to the above named witness/to me.

Parish Priest signature \_\_\_\_\_ Date \_\_\_\_\_