

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

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

Education Office (Vetting) Rath Abbey Community Centre																		Your Ref No:							
Rath Abbey Grange										Т	Т	1	7	IVB	Ap	plic	atio	n II	<u> </u>	Г	l F	$\overline{}$		$\overline{}$	
Co. Louth, A91 V5X	Γ										\perp			L					1_	L] - L		1		Ш
Note To Applic	ant																								
Return this form	n to	the a	abov	e na	med o	orga	nisat	ion.														of the proof		is setti	
Do not send this	s foi	m to	the	Nati	onal	Vett	ing I	Burea	ıu or	to a	ny G	arda	Stat	ion.											
 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? Yes:																									
Does the role involve working with children?												es:													
Section 1 – Per	son	al I	nfo	rma	tion											(t	o b	e co	mp	lete	d b	y A	ppli	icar	ıt)
Forename(s):																									
Middle Name(s):																									
Surname:																									
Gender:		Ma	ale:			Fem	ale:			•	-														
Is your Name at Bir	th th	ne sa	me a	as ab	ove?				20			Y	es:] 1	No:		Ifl	No, p	oleas	se pro	ovid	e det	ails:	
Forename(s):																									
Middle Name(s):																									
Surname:																									
Also known as:																									
Name/Alias:																									
Date of Birth:			1			/																			
Place of Birth:																									
Country of Birth:																									
Passport No:																									
Passport Issuing Co	untr	y:																							
Mother's Forename	:																								
Mother's Maiden N	ame	:																						\dashv	
Do you know your I	athe	ı er's l	Nam	ie?		Y	es:		N	lo:		If Y	Yes,	plea	se st	ate t	heir	Nam	ne be	low	1 :				
Father's Forename:																								\Box	
Father's Surname:																	-							\neg	

Section 2 - 0	Currei	ıt Ad	ldress						(t	o b	e co	mp	lete	d b	y Applicant)
Line 1: Line 2: Town/City: Region/State: Line 5: Postcode: Country:															Year From: Year To: Present
Section 3 – 2	Addre	ss Hi	story						(to	o be	e coi	mpl	lete	d by	y Applicant)
Line 1: Line 2: Town/City: Region/State: Line 5: Postcode: Country: Line 1:															Year From: Year To: Year From:
Line 2: Town/City: Region/State: Line 5: Postcode: Country:															Year To:
Line 1: Line 2: Town/City: Region/State: Line 5: Postcode: Country:														[Year From: Year To:
Line 1: Line 2: Town/City: Region/State: Line 5: Postcode: Country:]	Year From: Year To:

Section 4 – Self D	isclosed Criminal I	Record		(to be com	pleted by A	pplicant)
Have you a criminal	record in Ireland or e	lsewhere? Yes	: No:	(If Yes, p	lease provide	e details)
Date	Court Name	Offeno	e Summary	Court Out	come / Case Appeals	s Pending/
y:						
Section 5 – Liaison	n Person		(1)	to be completed	l by Liaison	n Person)
	rchdiocese of Armagh			to be completed		r r crson)
Authorised Liaison P						
Forename: 5 T	EPHEN					
Surname: SH Liaison person No:	ERRY 05528					
Bureau (Children and Liaison Person	11/11/11/11/11/11			Date:	Please ti	
Signature:	Signore	year.			/	
Role being vetted for						
Is the application sub	mitted on behalf of an	n Affiliate Organi	sation:		Yes:	No:
Section 6 – Declar	ation Of Consent		是不是一种东 东	(to be comp	oleted by A	pplicant)
I consent to the making the Liaison Person put 2012 to 2016.						s) Acts
Applicant Signature:				Date /	/	

Section 6 - A	ction 6 - Address History Cont. (to be co														completed by Applicant)								
Line 1:		T			T	Τ								Γ					Π	Γ]	Year Fro	m:
Line 2:																					1 [
Town/City:																					1 '	Year To:	
Region/State:																					1 [
Line 5:																					1 '		
Postcode:																							
Country:																							
Line 1:		Τ	T	T	T	T		Τ		Τ	T			Γ	Γ	Ī]	Year Fro	m:
Line 2:																					1 [
Town/City:							1														'	Year To:	
Region/State:																					1 [
Line 5:																							
Postcode:																					1		
Country:																							
Line 1:			Ī	1		Ī]	Year Fro	m·
Line 2:				-		\vdash															l r		
Town/City:			<u> </u>				\vdash														ا ا	Year To:	
Region/State:																					l r	100.	П
Line 5:				T																	۱ ۱		
Postcode:																							
Country:																							
Line 1:			1	l											·]	Year Fro	ın.
Line 2:	-								Constitution of												ŀг	Tear 110	TT.
Town/City:		<u> </u>		-																		Year To:	
Region/State:																					ŀг	10.	\Box
Line 5:	-		\vdash																				
Postcode:	-																						
Country:	-																						
	_			I]]	** 5	
Line 1:	\vdash																				 	Year Fro	m:
Line 2:	-			٠																	[V. T	
Town/City:	_																				Г	Year To:	
Region/State:																					L		
Line 5:																							
Postcode:	_																						
Country:						L_,																	