



## **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. **You must post the form back with €20 processing fee to Cpl Healthcare, 8-34 Percy Place, Dublin 4**

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.

**For internal use only:**

	Doc	Score
ID1		
ID2		
ID3		
Compliance Officer		

**PLEASE TURN OVER**



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:																														
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:

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: Please return this form to the above named organisation. An invitation to the e-vetting website will then be sent to your Email address.