



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

**Please note: this is the first stage of the Garda Vetting process.** Upon submission of this completed invitation to Our Lady's Hospice & Care Services you will be sent an email from the National Vetting Bureau which will contain a web-link to the e-vetting system. This system requires you to complete all addresses since birth. You will have 30 days from the date you receive the email to complete your application on the e-vetting system.

**Please read the following guidelines carefully 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 proof of ID and proof of current address (within the last 6 months) to validate their identity.
- If the applicant is under 18 years of age, a completed NVB3 - Parent\Guardian Consent Form will be required. Please note that where the applicant is under 18 years of age the electronic correspondence will issue to the Parent\Guardian. This being the case, the applicant must provide their Parent\Guardian Email address on the NVB1 form.

### **Personal Details**

- Insert details for each field, allowing one block letter / 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.
- 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 ticking the box provided and signing the application form at Section 2.

Our Lady's Hospice & Care  
 Services  
 Harold's Cross  
 D6w RY72



Your Ref:

**Form NVB 1**

**Vetting Invitation**

**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:																												
Confirm 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.**

Applicant's Signature:

Date:   /   /

**Note: Upon submission of this invitation to Our Lady's Hospice & Care Services the e-vetting website will then send you an email with a weblink which will require you to complete all address from birth.**