## AN GARDA SÍOCHÁNA



## NATIONAL VETTING BUREAU

# **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.

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.

9 6 3

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



Vetting Form NVB 2

### NATIONAL VETTING BUREAU

	NVB Ref	erence No:	
M C C 0 0 1	-		-

#### <u>Note To Applicant</u>

Organisation Address: Mayo County Council Personnel Department Aras an Chonate, The Mall

Castlebar Co. Mayo

- Return this form to the above named organisation.
- ▶ Do not send this form to the National Vetting Bureau or to any Garda Station.
- 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 1 – Personal Information (to be completed by Applicant)														t)												
Forename(s):																										
Middle Name(s):																										
Surname:																										
Gender:	Ма	ale:		Fei	male	:																				
Is your Name at Bin	rth tł	ne sa	me a	ıs ab	ove?	1		-					Y	es:		1	No:		If	No,	plea	ise p	rovi	de d	etai	ls:
Forename(s):																										
Middle Name(s):																										
Surname:																										
Date of Birth:	D	D	/	Μ	Μ	/	Y	Y	Y	Y																
Place of Birth:																										
Country Of Birth:																										
Passport No:																										
Mother's Maiden N	lame	:																								
Current Address:		-	Ye	ar Fı	om:	Y	Y	Y	Y				Ye	ar T	o:	Р	RES	SEN'	Т							
Line 1:																										
Line 2:																										
Line 3:																										
Line 4:																										
Line 5:																										
Eircode/Postcode:																										
Also known as:																										
Name/Alias:																										

Section 2 – Addresses

Please enter	all	you	r pro	eviou	is ac	ldres	ses	in ch	rono	olog	ical	orde	r. Pl	ease	ente	er yo	our f	ull p	osta	l ado	dress	3.
Line 1:																						Year From:
Line 2:																						Y Y Y Y
Line 3:																						Year To:
Line 4:																						Y Y Y Y
Line 5:																						
Eircode/Postcode	e:																					
				·																		1
Line 1:																						Year From:
Line 2:																						Y Y Y Y
Line 3:																						Year To:
Line 4:																						Y Y Y Y
Line 5:																						
Eircode/Postcode	e:																					
·					•	•			-		-			-		-	-	-			-	•
Line 1:																						Year From:
Line 2:																						Y Y Y Y
Line 3:																						Year To:
Line 4:																						Y Y Y Y
Line 5:																						
Eircode/Postcode	e:																					
																						]
Line 1:																						Year From:
Line 2:																						Y Y Y Y
Line 3:																						Year To:
Line 4:																						Y Y Y Y
Line 5:																						
Eircode/Postcode	e:																					
·																						•
Line 1:																						Year From:
Line 2:																						Y Y Y Y
Line 3:																						Year To:
Line 4:																						Y Y Y Y
Line 5:																						
Eircode/Postcode	e:																					

For additional addresses, refer to Section 6. If used, please tick here

Application valid on the commencement of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to

### Section 3 – Self Disclosed Criminal Record

Have you a criminal record in Ireland or elsewhere? Yes

Date	Court Name	Offence Summary	Court Outcome / Cases Pending / Appeals

#### Section 4 – Liaison Person

(to be completed by Liaison Person)

## Organisation: Mayo County Council

Authorised I	Liai	son	Pers	son	Det	ails	:																			_
Forename:																										
Surname:																										
Liaison Reg	No	:																								
The applicat Vetting Bure																							latic	onal		
Liaison Pe Signatu		n		Date: DD/MM/YYYY															Y							
Role Being V	'ette	d Fo	r:																							
Is the applic If Yes, pleas										ffil	iate	Org	gani	sati	on:			Y	es:		N	lo:				
II Tes, pieas			Am	nau		gai	iisai	.1011	I	-	1	1		-					-	1	1	-	1	-		

### Section 5 – Declaration Of Consent

(to be completed by Applicant)

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 Signature:

Date:	D	D	/	Μ	Μ	/	Y	Y	Y	Y

(to be completed by Applicant)

s  $\square$  No  $\square$  (If Yes, please provide details)

(to be completed by Applicant)

Line 1:																						Year From:
Line 2:																						Y Y Y Y
Line 3:																						Year To:
Line 4:																						Y Y Y Y
Line 5:																						
Eircode/Pos	stcode:																					
r		-		1					-												_	I
Line 1:																						Year From:
Line 2:																						Y Y Y Y
Line 3:																						Year To:
Line 4:																						Y Y Y Y
Line 5:																						
Eircode/Pos	stcode:																					
-																						
Line 1:																						Year From:
Line 2:																						Y Y Y Y
Line 3:																						Year To:
Line 4:																						Y Y Y Y
Line 5:																						
Eircode/Po	stcode:																					
_																						
Line 1:																						Year From:
Line 2:																						Y Y Y Y
Line 3:																						Year To:
Line 4:																						Y Y Y Y
Line 5:																						
Eircode/Po	stcode:																					
_																						
Line 1:																						Year From:
Line 2:																						Y Y Y Y
Line 3:																						Year To:
Line 4:																						Y Y Y Y
Line 5:																						
Eircode/Po	stcode:																					
If this	page d	oes 1	not a	allov	v en	oug	h sp	ace	for	add	ress	es, p	oleas	se co	эру	this	pag	ge an	d n	umb	ber i	t below:
										ige		Of	_	7								
										-		1	L	_								

Application valid on the commencement of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.