



## **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.

All applicants will be required to provide documents to validate their identity by submitting Proof of Identity (copy of passport, driver's licence, public services card, etc.) and Proof of Address (recent utility bill, Public Services Card, etc.).

If the applicant is under 18 years of age, a completed NVB 3 - 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 NVB 1 form.

### **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.

Galway Hospice Foundation,  
 Renmore Avenue,  
 Renmore,  
 Galway,  
 H91 R2TO,  
 Ireland.



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):	<input style="width: 100%; height: 20px;" type="text"/>																				
Middle Name:	<input style="width: 100%; height: 20px;" type="text"/>																				
Surname:	<input style="width: 100%; height: 20px;" type="text"/>																				
Date Of Birth:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">/</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">/</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td colspan="10"></td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y										
D	D	/	M	M	/	Y	Y	Y	Y												
Email Address:	<input style="width: 100%; height: 20px;" type="text"/>																				
Contact Number:	<input style="width: 100%; height: 20px;" type="text"/>																				
Role Being Vetted For:	<input style="width: 100%; height: 20px;" type="text"/>																				
Current Address:																					
Line 1:	<input style="width: 100%; height: 20px;" type="text"/>																				
Line 2:	<input style="width: 100%; height: 20px;" type="text"/>																				
Line 3:	<input style="width: 100%; height: 20px;" type="text"/>																				
Line 4:	<input style="width: 100%; height: 20px;" type="text"/>																				
Line 5:	<input style="width: 100%; height: 20px;" type="text"/>																				
Eircode/Postcode:	<input style="width: 100%; height: 20px;" type="text"/>																				

### 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: 

D	D	/	M	M	/	Y	Y	Y	Y
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**Note: Please return this form to the Galway Hospice Foundation. An invitation to the e-vetting website will then be sent to your Email address.**