

WESTERN PROVINCE DIOCESAN VETTING SERVICE GUIDELINES FOR VETTING APPLICANT

General

- **Section 1** and **Section 2** of the VETTING INVITATION FORM must be completed in full by the APPLICANT
- **Section 3** must be completed in full by the ORGANISATION'S CONTACT PERSON for the applicant i.e. (Bishop, Priest, Chairperson of Board of Management or Agency Manager)
- Once all sections are completed the form should be returned to the following address: **WESTERN PROVINCE DIOCESAN VETTING SERVICE, GALWAY PASTORAL CENTRE, NEWTOWNSMITH, GALWAY CITY**
- **DO NOT** send this form directly to the National Vetting Bureau or to any Garda Station.
- The Form should be completed 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**. These typically will include: **Passport or Valid Driving Licence plus Verification of Current Address i.e. recent utility bill, bank statement, etc.**
- If the applicant is under 18 Years of age, a completed **NVB 3 – Parent\Guardian Consent Form** will be required. This is available to download as a separate form.

Section 1 - Personal Information:

- Insert details for each field, allowing one block letter per box.
- For **Date of Birth**, allow one digit per box in the format DDMMYYYY.
- Please fill in your **Email Address**, allowing one character/symbol per box. Please use second line if required without leaving any gap. Email Address Field is a mandatory requirement as the invitation to the e-Vetting Form will be sent to this email address.
- Contact Number must be provided, allowing one digit per box.
- The **Role Being Vetted for** must be clearly stated. Generic terms such as "Volunteer" will not suffice, so please be more specific. e.g. Supervisor of Young People, Special Needs Assistant, Priest, Choir Leader, etc.
- The **Current Address** means the address you are now living at and it should be completed in full, including EIRCODE/POSTCODE. No abbreviations.

Section 2 - Applicant's Consent and Signature

- The Applicant must confirm their understanding and acceptance of the statement by ticking the box, signing and dating the Form in Section 2.

Section 3 – Organisation Information:

- This section should **only be completed** by the ORGANISATION'S CONTACT PERSON for the Applicant i.e. Bishop/Priest/Chairperson of Board of Management/Agency Manager.
- Insert details for each field as applicable.
- For School Roll Number, this should be completed when the Applicant is applying for a role in a school.
- The ORGANISATION'S CONTACT PERSON must confirm that the Applicant has provided documentation to validate their identity, by ticking the box, signing and dating the Form in Section 3.
- Copies of the documentation provided to validate the Applicant's identity should **not be retained** by the organisation **nor should they be sent** to the Western Province Vetting Service Office.

**Western Province Diocesan Vetting Service
Vetting Invitation**

Ref No:

Please complete using **BLOCK CAPITALS** and return form to the following address:
**WESTERN PROVINCE DIOCESAN VETTING SERVICE, GALWAY PASTORAL CENTRE,
NEWTOWNSMITH, GALWAY CITY**

DO NOT send this form directly to the National Vetting Bureau or to any Garda Station

Section 3 – Organisation Information

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|---|--|
| Name of Organisation Requesting Vetting <i>(Diocese/Parish/School/Diocesan Agency)</i> | |
| Contact Person <i>(Bishop/Priest/Chairperson of Board of Management/Agency Manager)</i> | |
| Address of Organisation | |
| Email Address for contact Person: | |
| Contact Number: | |
| Roll Number (Schools Only): | |

The Applicant has provided documentation* to validate their identity in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 to 2016

Please tick:

Contact Person Signature:

Date:

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Notes:

***Valid Forms of Identity must include Photo ID, Proof of Date of Birth and Proof of Current Address. e.g. Passport plus Current Utility Bill.**

The Contact Person should return this to:

**VETTING ADMINISTRATOR
WESTERN PROVINCE VETTING SERVICE
GALWAY DIOCESAN PASTORAL CENTRE
NEWTOWNSMITH
GALWAY CITY**