



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 Co

This form is also known as the "long form" or "paper form". It should be used if you DO NOT have access to a personal e-mail account. Applicants who wish to apply via e-mail should use the NVB1 form or "invitation to e-vetting" form.

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.

1	9	6	3
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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.

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.

**Organisation Address:**

Diocese of Kildare & Leighlin Schools
10 Hawthorn Drive
Tullow
Co. Carlow

Your Ref No:

NVB Reference No:

D	K	L	0	0	2	-							-				
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Note To Applicant

- ▶ 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)

If your name has changed since birth e.g. through marriage or deed poll, tick "No" and fill in your name at birth.

Forename(s):

P A T R I C K

Middle Name(s):

J O H N

Surname:

O ' B R I E N

Gender:

Male:

☒

Female:

☐

Is your Name at Birth the same as above?

Yes:

☒

No:

☐

If No, please provide details:

Forename(s):

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Middle Name(s):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth:

07 / 03 / 1954

Place of Birth:

TULLOW CO. CARLOW

Country Of Birth:

IRELAND

Passport No:

PP 1234567

Mother's Maiden Name:

MURPHY

Current Address:

Year From:

1980

Year To:

PRESENT

Line 1: CHURCH STREET

Line 2: TULLOW

Line 3: CO. CARLOW

Line 4:

Line 5:

Eircode/Postcode:

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Also known as:

Name/Alias:

PAUDY

Any other name you are known by, e.g. a shortened first name, or people who are known by their middle name etc.

Section 2 – Addresses

(to be completed by Applicant)

Please enter all your previous addresses in chronological order. Please enter your **full** postal address.

Line 1: B U T L E R S G R A N G E

Line 2: T U L L O W

Line 3: C O . C A R L O W

Line 4:

Line 5:

Eircode/Postcode:

Year From:

1 9 7 4

Year To:

1 9 8 0

Line 1: K N O C K L O W

Line 2: T U L L O W

Line 3: C O . C A R L O W

Line 4:

Line 5:

Eircode/Postcode:

Year From:

1 9 5 4

Year To:

1 9 7 4

Line 1:

Line 2:

Line 3:

Line 4:

Line 5:

Eircode/Postcode:

All addresses from year of birth must be included here. If you don't have enough space for all your addresses continue the list in SECTION 6 (last page).

Year From:

Y Y Y Y

Year To:

Y Y Y Y

Line 1:

Line 2:

Line 3:

Line 4:

Line 5:

Eircode/Postcode:

Year From:

Y Y Y Y

Year To:

Y Y Y Y

Line 1:

Line 2:

Line 3:

Line 4:

Line 5:

Eircode/Postcode:

Year From:

Y Y Y Y

Year To:

Y Y Y Y

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

Section 3 – Self Disclosed Criminal Record**(to be completed by Applicant)**Have you a criminal record in Ireland or elsewhere? Yes ☐ No ☒ (If Yes, please provide details)

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

One of these boxes must be ticked. The application cannot be processed if this is not done. If ticking "Yes" the relevant details MUST be entered as requested.

Section 4 – Liaison Person**(to be completed by Liaison Person)**Organisation: **Diocese of Kildare & Leighlin Schools**

Authorised Liaison Person Details:

Forename:

Surname:

Liaison Reg No:

These will be filled out by CPSMA vetting staff. Please leave blank.

This section MUST be filled in. The application cannot be processed if this is left blank.

The applicant has provided documentation to validate their identity in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016. Please tick box ☐

on

Date:

DD / MM / YYYY

Role Being Vetted For:

SCHOOL CARETAKER

Tick "Yes" and insert the name of the school.

Is the application submitted on behalf of an Affiliate Organisation:

Yes: ☐ No: ☐

If Yes, please state Affiliate Organisation:

SCHOOL MUIRE LOURDES, TULLOW

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 ☒

This box MUST be ticked.

Applicant Signature:

Paddy Baier

Sign and date accordingly.

Date: DD / MM / YYYY

You MUST attach copies of ID and address verification as per the checklist or we cannot process your application.

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

Section 6– Additional Addresses

(to be completed by Applicant)

Line 1:

Line 2:

Line 3:

Line 4:

Line 5:

Eircode/Postcode:

Use this sheet to record additional addresses if necessary.

Year From:

Y	Y	Y	Y
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Year To:

Y	Y	Y	Y
---	---	---	---

Line 1:

Line 2:

Line 3:

Line 4:

Line 5:

Eircode/Postcode:

Year From:

Y	Y	Y	Y
---	---	---	---

Year To:

Y	Y	Y	Y
---	---	---	---

Line 1:

Line 2:

Line 3:

Line 4:

Line 5:

Eircode/Postcode:

Year From:

Y	Y	Y	Y
---	---	---	---

Year To:

Y	Y	Y	Y
---	---	---	---

Line 1:

Line 2:

Line 3:

Line 4:

Line 5:

Eircode/Postcode:

Year From:

Y	Y	Y	Y
---	---	---	---

Year To:

Y	Y	Y	Y
---	---	---	---

Line 1:

Line 2:

Line 3:

Line 4:

Line 5:

Eircode/Postcode:

Year From:

Y	Y	Y	Y
---	---	---	---

Year To:

Y	Y	Y	Y
---	---	---	---

If this page does not allow enough space for addresses, please copy this page and number it below:

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