



## **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 written legibly.

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.

This form is also known as the "invitation to e-vetting form" and should only be used by those with access to a personal e-mail account.

### **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.

Photocopies of ID and proof of address must be submitted with this form. The application cannot be processed without these. Please see the checklist for acceptable forms of ID and address.

**Your Ref:**

Will be filled out by  
vetting staff in  
Bishops House.  
Please leave blank.

## Section 1 – Personal Information

Forename(s):	M	A	R	G	A	R	E	T												
Middle Name:	M	A	R	Y																
Surname:	B	Y	R	N	E															
Date Of Birth:	1	0	/	1	0	/	1	9	5	0										
Email Address:	m	b	y	r	n	e	@	e	m	a	i	L	.	c	O	M				
Contact Number:	0	8	7	1	2	3	4	5	6	7										
Role Being Vetted For:	E	U	C	H	A	R	I	S	T	I	C		M	I	N	I	S	T	E	R

This section MUST

This section **MUST** be completed. The application cannot be processed if this is left blank.

[illegible]

Insert Parish name here.

**Name Of Organisation:**

## PORTLAOISE PARISH

**[This box MUST be ticked.]**

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 ☒ Sign and date here

Sign and date accordingly.

**Applicant's  
Signature:**

Peg Byrnes

Date: 10 / 01 / 2017

**Note: Please return this form to the above named organisation. An invitation to the e-vetting website will then be sent to your Email address.**