

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):																													
Middle Name:																													
Surname:																													
Date Of Birth:	D	D	/	M	M	/	Y	Y	Y	Y																			
Email Address:																													
Contact Number:																													
Role Being Vetted For:																													

Current Address:

Line 1:																												
Line 2:																												
Line 3:																												
Line 4:																												
Line 5:																												
Eircode/Postcode:																												

**Section 2 – Additional Information**

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:  /  /

Note: Please return this form to the Society of Saint Vincent de Paul. An invitation to the e-vetting website will then be sent to your Email address.

### Section 3 – Validation of Identity

**You must also arrange for this Section 3 (below) to be fully completed by an appropriate SVP member or employee (listed below). This means providing documentation to them to prove your identity (acceptable documents also listed below), they will check the documents and then sign this form to confirm the validation process.**

Type of ID presented (two required) - please tick:

1. Passport  Drivers licence  Photo ID with DOB
2. Utility bill

Other (please state, see '100 point ID check' if above ID is not available)

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I have met with (INSERT NAME OF APPLICANT \_\_\_\_\_)  
and can confirm the applicant has provided documentation to validate their identity in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 to 2016.

SVP Member / Employee role - please tick:

SVP Conference President  SVP Area President  SVP Member Support Officer

SVP Information Officer  SVP Regional Co-ordinator

Other SVP Manager (eg SVP Shop Manager, SVP Service Manager)

Sign Name: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

### Section 4 – For Office Use Only

SVP Region	
SVP Regional Contact Person	
Signature	
Date	