# C:\Users\jmoloney\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\C503B4B2.tmp

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|  | **Form NVB 1** |  |
| **Section 1 – Personal Information** |  |  |

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| **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:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**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 2 – Additional Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **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** |
|  | | | | | | | | | | | | | | |
| **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.** | | | | | | | | | | | | | | |