

Guidelines for completing Retrospective Vetting Invitation Form (NVB 1)

Forms must be returned separate from all other, non-retrospective vetting applications and in an envelope clearly marked Retrospective Vetting.

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.

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.

Educate Together, Equity House, 2nd Floor, 16/17 Upper Ormond Quay, Dublin 7.



Your Ref:	

Retrospective Vetting Invitation

Section 1 – Personal Information

Under Sec 26(b) of	the	Nat	tiona	al V	ettin	ıg B	ure	au ((Chi	ildr	en a	nd	Vul	nera	able	Pe	rsor	ıs) A	Acts	20	12 t	o 20	16,	it is	an
offence to make	a fa	alse	stat	eme	nt f	or tł	ie p	urp	ose	of o	btai	inin	g a	vett	ing	disc	losi	ıre.								
Forename(s):																										

Forename(s):																			
Middle Name:																			
Surname:																			
Date Of Birth:	D	D	/	M	M	/	Y	Y	Y	Y									
Email Address:																			
Contact Numbe	r:																		
Role Being Vett	ed F	or:																	
Current Addres	Current Address:																		
Line	1:																		
Line	2:																		
Line	3:																		
Line	4:																		
Line	5:																		
Eircode/Postcod	le:																		
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Section 2 – Additional Information							
Name of School:							
I consent to the ma	cumentation to validate my identity as required and king of this application and to the disclosure of information by the National Vetting Bureau to the suant to Section 13(4)(e) National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to x						
Applicant's							
Signature:	Date: D D / M M / 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.