Western Care Association

John Moore Road, Castlebar, Co. Mayo

Telephone: (094) 9025133 Fax: (094) 9025207 e-mail: info@westerncare.com

GUIDELINES FOR COMPLETING NATIONAL VETTING FORM (NVB 2)

The following guidelines have been provided by An Garda Siochana National Vetting Bureau in relation to completing their Vetting Form (NVB2)

PLEASE READ CAREFULLY BEFORE COMPLETING THE ATTACHED 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.

Western Care Association require copies of any 2 of the following documents as proof of identity:

- **Current Irish Driving Licence or Learner Permit (new credit card format) – (in date)**
- **Current Passport (from Country of citizenship) – (in date)**
- **Birth Certificate**

If the applicant is under 18 years of ages, a completed NVB3 – Parent/Guardian Consent Form will be required.

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

Is it 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.

Vetting Form NVB 2

AN GARDA SÍOCHÁNA

NATIONAL VETTING BUREAU

Organisation Address:

Western Care Association,
John Moore Road,
Castlebar,
Co. Mayo.

Your Ref No:

NVB Reference No:

W C A 0 0 1 - -

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 by Applicant)

Forename(s):

Middle Name(s):

Surname:

Gender: Male: ☐ Female: ☐

Is your Name at Birth the same as above? Yes: ☐ No: ☐ If No, please provide details:

Forename(s):

Middle Name(s):

Surname:

Date of Birth: D D / M M / Y Y Y Y

Place of Birth:

Country Of Birth:

Passport No:

Mother's Maiden Name:

Current Address: Year From: Y Y Y Y Year To: PRESENT

Line 1:

Line 2:

Line 3:

Line 4:

Line 5:

Eircode/Postcode:

Also known as:

Name/Alias:

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:
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

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 ☐

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

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

Section 4 – Liaison Person (to be completed by Liaison Person)

Organisation: **Western Care Association**

Authorised Liaison Person Details:

Forename:

Surname:

Liaison Reg No:

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 ☐

Liaison Person Signature

Date: D D / M M / Y Y Y Y

Role Being Vetted For:

Is the application submitted on behalf of an Affiliate Organisation: Yes: ☐ No: ☐

If Yes, please state Affiliate Organisation:

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 ☐

Applicant Signature:

Date: D D / M M / Y Y Y Y

Section 6– Additional Addresses (to be completed by Applicant)

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

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:

Page ☐ Of ☐

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