

**Western Province Diocesan Vetting Service
Vetting Invitation**

Ref No:

Please complete using **BLOCK CAPITALS** and return form to the following address:
**WESTERN PROVINCE DIOCESAN VETTING SERVICE, GALWAY PASTORAL CENTRE,
NEWTOWNSMITH, GALWAY CITY**

DO NOT send this form directly to the National Vetting Bureau or to any Garda Station

Section 1 - Personal Information

Under Section 26 (b) of the National Vetting Bureau (Children & Vulnerable Persons) 2012, it is an offence to make a false statement for the purpose of obtaining a vetting disclosure.

Forename(s)	<input style="width: 100%; height: 20px;" type="text"/>
Middle Name:	<input style="width: 100%; height: 20px;" type="text"/>
Surname:	<input style="width: 100%; height: 20px;" type="text"/>
Date of Birth:	<input style="width: 100%; height: 20px;" type="text" value="DD / MM / YYYY"/>
Email Address:	<input style="width: 100%; height: 20px;" type="text"/>
Contact Number:	<input style="width: 100%; height: 20px;" type="text"/>
Role Being Vetted for:	<input style="width: 100%; height: 20px;" type="text"/>
Current Address:	<input style="width: 100%; height: 20px;" type="text"/>
Line 1:	<input style="width: 100%; height: 20px;" type="text"/>
Line 2:	<input style="width: 100%; height: 20px;" type="text"/>
Line 3:	<input style="width: 100%; height: 20px;" type="text"/>
Line 4:	<input style="width: 100%; height: 20px;" type="text"/>
Line 5:	<input style="width: 100%; height: 20px;" type="text"/>
Eircode/PostCode:	<input style="width: 100%; height: 20px;" type="text"/>

Section 2 – Applicant’s Consent and Signature

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:

Applicant’s Signature:

Date:

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Section 3 – Organisation Information

Name of Organisation Requesting Vetting <i>(Diocese/Parish/School/Diocesan Agency)</i>	
Contact Person <i>(Bishop/Priest/Chairperson of Board of Management/Agency Manager)</i>	
Address of Organisation	
Email Address for contact Person:	
Contact Number:	
Roll Number (Schools Only):	

The Applicant has provided documentation* to validate their identity in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 to 2016

Please tick:

Contact Person Signature:

Date:

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Notes:

***Valid Forms of Identity must include Photo ID, Proof of Date of Birth and Proof of Current Address. e.g. Passport plus Current Utility Bill.**

The Contact Person should return this to:

**VETTING ADMINISTRATOR
WESTERN PROVINCE VETTING SERVICE
GALWAY DIOCESAN PASTORAL CENTRE
NEWTOWNSMITH
GALWAY CITY**