



## Guidelines for completing Vetting Form (NVB 2)

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.

If the applicant is under 18 years of age, a completed NVB 3 - 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
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It is 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.



**Section 2 – Addresses**

**(to be completed by Applicant)**

Please enter all your previous addresses in chronological order. Please enter your **full** postal address.

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Eircode/Postcode: 

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**Year From:**

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**Year To:**

Y	Y	Y	Y
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Eircode/Postcode: 

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**Year From:**

Y	Y	Y	Y
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**Year To:**

Y	Y	Y	Y
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**Year From:**

Y	Y	Y	Y
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**Year To:**

Y	Y	Y	Y
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Eircode/Postcode: 

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**Year From:**

Y	Y	Y	Y
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**Year To:**

Y	Y	Y	Y
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Eircode/Postcode: 

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**Year From:**

Y	Y	Y	Y
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**Year To:**

Y	Y	Y	Y
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For additional addresses, refer to Section 6. If used, please tick here

**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: **Archdiocese of Dublin**

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:

  /   /   

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:   /   /

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

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Eircode/Postcode:																			

**Year From:**

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**Year To:**

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Eircode/Postcode:																			

**Year From:**

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**Year To:**

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Eircode/Postcode:																			

**Year From:**

Y	Y	Y	Y
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**Year To:**

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Eircode/Postcode:																			

**Year From:**

Y	Y	Y	Y
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**Year To:**

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Line 1:																			
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Eircode/Postcode:																			

**Year From:**

Y	Y	Y	Y
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**Year To:**

Y	Y	Y	Y
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If this page does not allow enough space for addresses, please copy this page and number it below:

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