



Diocese of Cloyne
Cloyne Diocesan Vetting Office

Form NVB 1 Vetting Invitation

Your Ref

Section 1 Personal Details

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

Forename(s)
Middle Name
Surname
Date of Birth
Email Address
Contact No

Role being vetted for

Current Address
Line 1
Line 2
Line3
Line 4
Line 5
Eircode/Postcode

Section 2 Declaration of Applicant

Name of Organisation Diocese of Cloyne

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

I hereby give permission to the Diocesan Schools Vetting Co-ordinator(s) to keep the Garda Disclosure Form and the documentation supplied by me to validate my identity, to enable the Vetting Co-ordinator(s), if requested by me, to share my Garda Vetting information within the Cloyne Diocesan Organisation for the purpose of obtaining a similar role.

Please tick box

I understand that this Vetting form, the vetting disclosure and the documentation supplied by me to validate my identity, will be held by the Cloyne Diocesan Vetting Office.

Please tick box

I understand that this Vetting can be used for any other role I commit to within the organisation that requires vetting.

Please tick box

Applicants Signature

DATE

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



**Diocese of Cloyne  
Cloyne Diocesan Vetting Office**

**Section 3      School Information**

School requesting vetting	
School Roll No.	
Address of School	
Eircode	
Authorised Person Principal/Chairperson	
Contact No.	
Dedicated Email address	
What identification documentation was provided as proof of identity	

*By signing this form, I confirm that I have reviewed originals of the documents indicated above in relation to the Vetting Applicant and enclose a copy of them. I have validated the identity of the Vetting Applicant in accordance with the requirements of the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 to 2016.*

*I have explained to the Applicant that the Vetting form and vetting disclosure will be held by the Diocesan Vetting Coordinator and a copy will be returned to me.*

**Authorised Person  
Signature:**

**Date:**

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