



Guidelines for completing Vetting Invitation Form (NVB 1)

Please read the following guidelines before completing this form.

- This form can be typed in, printed and signed.
- If being hand-written, it should be done in ball point pen using block capitals. Please make sure writing is clear and legible.
- Photocopies of the completed forms will be returned.
- All applicants will have to provide documents to their employer to prove their identity.
- If you are the owner/manager, you will have to send a copy of your photo ID and proof of address.
- If the applicant is under 18, the **under 18's vetting invitation form** should be completed along with a parent/guardian consent form. The parent/guardian e-mail address and phone number must be included.

Personal Details

Details should be provided by putting one letter/number in each box.

E-mail address must be provided. An e-mail will be sent to allow the applicant to finish their vetting online.

Current address means the address you live at now.

The full address needs to be provided, including Eircode/Postcode. Northern Ireland addresses must have the postcode.

Role Being Vetted For

The role being applied for must be clear e.g., childcare practitioner, Montessori teacher. This role must be a Relevant Work Activity that involves having regular contact with children or vulnerable adults under the National Vetting Act 2012-2016

Declaration of Application

Section 2 must be completed in full. The applicant should read the statement in full, then tick the box, sign and date the form to give their consent to be vetted.

Early Childhood Ireland,
Hainault House,
Belgard Square South,
Tallaght,
D24 RFV0



For office use only

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Form NVB 1

Vetting Invitation

Section 1 Personal Information

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:		/		/		Please enter this date in dd/mm/yyyy format																								
Email Address:																														
Contact Number:																														
Role Being Vetted For:																														
Current Address																														
Line 1:																														
Line 2:																														
Line 3:																														
Line 4:																														
Line 5:																														
Eircode/Postcode:																														

Section 2 Additional Information

Name of organisation being vetted for:	ECI Membership Number:
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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

Signature:

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Date:

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M	M
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Y	Y	Y	Y
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Note: Please return this form to the owner / manager of the above named organisation. They will then forward it along with the Identification Form to ECI. An invitation to the e-vetting website will then be sent to your Email address.