|  |  |  |
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| Irish Sport HQ,  National Sports Campus,  Blanchardstown,  Dublin15. |  | **Ireland Active Ref (Office Use only)** |
|  |
|  |
|  | **Form NVB 1** |  |
|  | **Vetting Invitation** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Forename(s):** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Middle Name:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Surname:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date of Birth:**  **(dd/mm/yyyy)** |  |  | **/** |  |  | **/** |  |  |  |  |
| **Email Address:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Parent/Guardian**  **Email if U18 years** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Contact Number:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Role Being Vetted For:** | | | **P** | **L** | **E** | **A** | **S** | **E** |  | **T** | **I** | **C** | **K** |  | **B** | **O** | **X** |  | **O** | **N** |  | **P** | **A** | **G** | **E** | **6** |
| **\*Please see approved**  **list \*** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Current Address:** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Line 1:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Line 2:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Line 3:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Line 4:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Line 5:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Eircode/Postcode** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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**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.**

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**Section 2 – Additional Information**

**Name of Facility**

**Declarations**

* I have attached copies of my identification documents as indicated in Section 3 and shown the originals in accordance with the ID verification process (face to face or virtual face to face)
* I agree to abide by Ireland Active’s codes of conduct, safeguarding guidelines and rules
* I have never been asked to leave a sporting organisation
* I have provided documentation to validate my identity as required
* 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 Note: You are not legally entitled to take up any role or position requiring vetting until a decision is made by Ireland Active on the disclosure returned.**  NB: A criminal record will not automatically bar applicants obtaining a position - all decisions are based on the current Ireland Active Vetting Policy. Please see Ireland Active policy for retention of information.

**Please tick box to confirm the declarations**

**Applicant’s signature**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | **D** | **D** | **/** | **M** | **M** | **/** | **Y** | **Y** | **Y** | **Y** |

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**Section 3 – To be completed by the Person in the Facility who is validating the ID**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your Name:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Facility Name:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Email Address:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Contact**  **Number:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Role in organisation:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Ireland Active Membership Number:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Declaration by the person verifying ID:**

* I have seen the applicant detailed in Section 1 in person (if virtual, email must be attached with specified text)
* I verify the details in Section 1 match the original identification documents provided
* I confirm copies of the original identification documents are attached and indicated in Section 3
* I confirm the Parent/Carer Consent Form is attached (if applicant is 16 or 17 years old)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Signature:** |  | **Date:** | **D** | **D** | **/** | **M** | **M** | **/** | **Y** | **Y** | **Y** | **Y** |

|  |  |  |
| --- | --- | --- |
| Identification with address | Score | Tick Box |
| **Irish Driving Licence or learner permit** (new credit card format) | **80** |  |
| **Irish Driving Licence or learner permit** (old paper format) | **40** |  |
| **Employment ID card issued by employer** (with name and address) | **35** |  |
| **Letter from employer** (within last 2 yrs)  confirming name and address | **35** |  |
| **P60, P45 or Pay-slip** (with home address) | **35** |  |
| **Utility bill e.g. gas, electricity, television, broadband** (less than 6 months old; mobile phone bills are not acceptable) | **35** |  |
| **Bank/Building Society/Credit Union statement** with address | **35** |  |
| **Credit/debit cards/passbooks** (only one per institution) with address | **25** |  |
| **Correspondence** from an Educational Institution or SUSI or CAO | **20** |  |
| **Correspondence** from an insurance company regarding an active policy | **20** |  |
| **Correspondence** from a bank/credit union or government body or state agency | **20** |  |

**Where an applicant is unable to achieve 100 points from the above identification documents, an affidavit is required, witnessed by a Commissioner for Oaths.**

|  |  |  |
| --- | --- | --- |
| Identification without address | Score | Tick Box |
| **Passport (from country of citizenship)** | **70** |  |
| **Medical/National Service card (Public Services card is not accepted)** | **25** |  |
| **With photograph Medical/National Service card (Public Services card is not accepted)** | **40** |  |
| **Irish certificate of naturalisation** | **50** |  |
| **Birth certificate** | **50** |  |
| **Garda National Immigration Bureau (**GNIB) card | **50** |  |
| **National Identity Card** for EU/EEA/Swiss citizens | **50** |  |
| **National age card** (issued by An Garda Sióchana) | **25** |  |
| **Membership cards from the following:** |  |  |
| Club, union or trade, professional bodies | **25** |  |
| Educational institution | **25** |  |
| **Recent arrival in Ireland (< 6 weeks)**   * Passport + evidence of arrival | **100** |  |

**For applicants aged 16 or 17 years old one of the following documents is required:**

|  |  |  |
| --- | --- | --- |
| Identification | Score | Tick Box |
| Birth certificate | **100** |  |
| Passport | **100** |  |
| Written statement by a Principal confirming attendance at educational institution on a letter head of that institution | **100** |  |

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**Guidelines for completing Vetting Invitation Form (NVB 1)**

Please read the following guidelines before completing this form.

|  |
| --- |
| **Miscellaneous** |
|  |
| The form must be completed **in pen** full using **BLOCK CAPITALS** and writing must be clear and legible. |
| The form must be completed in ball point pen. |
| Photocopies of this form **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. Please note that where the applicant is under 18 years of age the electronic correspondence will issue to the Parent\Guardian. This being the case, the applicant must provide their Parent\Guardian Email address on the NVB 1 form. |
| All applicants must provide acceptable means of identification, details of which can be found at **Section** **3.** Photocopies of IDs are acceptable (original NVB1/3 forms with signatures must however be provided). |
| Please complete the cover page excel sheet and email to [gardavetting@irelandactive.ie](mailto:gardavetting@irelandactive.ie) |
| Completed Disclosures **will not be sent** until payment is received for the application.  **Personal Details** |
| Insert details for each field, allowing one block letter per box. |
| For Date of Birth field, allow one digit per box. |
| Please fill in your Email Address, allowing one character/symbol per box. This is required as the invitation to the e-vetting website will be sent to this address. |
| Please allow one digit per box for your contact number. |
| The Current Address means the address you are now living at. |
| The address fields should be completed in full, including Eircode/Postcode. No abbreviations. |
| If applicant has a current/previous address in Northern Ireland, postcode must be provided. |
|  |
| **Role Being Vetted For** |
| The role being vetted for must be clearly stated and must be one of the approved roles listed on page 2 / 3 of this document. |
|  |
| **Declaration of Application** |
| The applicant must confirm their understanding and acceptance of the two statements by signing the application form at Section 2 and ticking the box provided. |

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**Roles Approved by National Vetting Bureau**

Please tick below the role which you are vetting for, which must involve the undertaking of **relevant** work or activities with children and/or vulnerable persons as defined by the Acts.

|  |  |
| --- | --- |
| **List of Roles** | **Please tick role being vetted** |
| Childminding Staff |  |
| Children’s Club Attendant |  |
| Children’s Entertainer |  |
| Children’s Party Host |  |
| Children’s Sports Activity Instructor |  |
| Children’s Sports Camp Coach |  |
| Children’s Sports Coach |  |
| Personal Trainer whose work consists of working with children and/or vulnerable adults |  |
| Fitness Instructor whose work consists of working with children or vulnerable persons |  |
| Gym Instructor whose work consists of working with children and/or vulnerable persons |  |
| Leisure Activity Staff whose work consists of working with children and/or vulnerable persons |  |
| Leisure Facility Attendant whose work consists of working with children and/or vulnerable persons |  |
| Leisure Facility Supervisor whose work consists of working with children and/or vulnerable persons |  |
| Manager working with children and/or vulnerable persons |  |
| Swim Teacher whose work consists of working with children and/or vulnerable persons |  |
| Lifeguard whose work consists of working with children and/or vulnerable persons |  |
| Special Needs Assistant whose work consists of working with children and/or vulnerable persons |  |
| ***Other role (please specify):***  If you wish to have another role vetted (that isn’t on the list) you will need to **provide a rationale** as to **how** it complies with the legislation with reference to the act; [*The National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.*](http://www.irishstatutebook.ie/eli/2012/act/47/enacted/en/html)This rational must outlinehow the role relates to the definition of Relevant Work or Activities relating to Children or Vulnerable Persons as part of the submission. It is not sufficient just to identify the section of the schedule which you are relying upon |  |

If you have any queries regarding the Ireland Active Garda Vetting service, please email [**gardavetting@irelandactive.ie**](mailto:gardavetting@irelandactive.ie)or call **01-6251192**