





AN GARDA SÍOCHÁNA



NATIONAL VETTING BUREAU

Organisation Address:

Diocese of Ferns
Bishop's House
P.O. Box 40
Summerhill
Wexford

Your Ref No:

[Empty box for Your Ref No]

NVB Reference No:

D I F 0 0 1 - [Empty boxes for NVB Reference No]

Note To Applicant

- Return this form to the above named organisation.
Do not send this form to the National Vetting Bureau or to any Garda Station.
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.

Section 1 – Personal Information

(to be completed by Applicant)

Forename(s): [Grid]
Middle Name(s): [Grid]
Surname: [Grid]
Gender: Male: [ ] Female: [ ]

Is your Name at Birth the same as above? Yes: [ ] No: [ ] If No, please provide details:

Forename(s): [Grid]
Middle Name(s): [Grid]
Surname: [Grid]

Date of Birth: [D][D] / [M][M] / [Y][Y][Y][Y]

Place of Birth: [Grid]

Country Of Birth: [Grid]

Passport No: [Grid]

Mother's Maiden Name: [Grid]

Current Address: Year From: [Y][Y][Y][Y] Year To: PRESENT

Line 1: [Grid]
Line 2: [Grid]
Line 3: [Grid]
Line 4: [Grid]
Line 5: [Grid]
Eircode/Postcode: [Grid]

Also known as:

Name/Alias: [Grid]

**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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**Year From:**  

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**Year From:**  

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**Year To:**  

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**Year From:**  

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**Year From:**  

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**Year To:**  

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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: **Diocese of Ferns**

Authorised Liaison Person Details:

Forename: 

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Surname: 

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Liaison Reg No: 

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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 

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 Date: 

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Role Being Vetted For: 

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Is the application submitted on behalf of an Affiliate Organisation: Yes:  No:

If Yes, please state Affiliate Organisation: 

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**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: 

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 Date: 

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**Section 6– Additional Addresses**

**(to be completed by Applicant)**

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**Year From:**  

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**Year To:**  

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**Year To:**  

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**Year From:**  

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**Year To:**  

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