

Contact Number:

AN GARDA SÍOCHÁNA



NATIONAL VETTING BUREAU

PARENT/GUARDIAN CONSENT FORM (NVB 3)

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Applicant De	Applicant Details																								
Forename(s):	П																								
Surname: Date Of Birth:	D	D	/	М	М	/	Y	Y	Y	Y															
Parent/Guardian 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):																									
Surname:																									
Relationship to applicant: Father: Mother: Guardian:															n:										
Address:																									
Line 1:																									
Line 2:																									
Line 3:																									
Line 4:																									
Line 5:																									
Eircode/Postco	de:																								
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Parent/Guar	diar	ı C	ons	ent																					
I, being the Parent/Guardian of the above named applicant, consent for the National Vetting Bureau to conduct vetting in respect of the above named applicant in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.																									
Parent/Guardian Signature: Date: D D / M													M	[/	Y	. 7	7 Y	7 1	Y						
Parent/Guar	dian																								