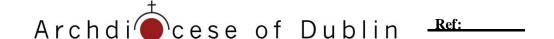
Archdiocese of Dublin Child Safeguarding & Protection Service Holy Cross Diocesan Centre Clonliffe Road Dublin 3



## **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: D D **Email Address: Contact Numb r: Role Being Vetted For: Current Address:** Line 1: Line 2: Line 3: Line 4: Line 5: Eircode/Postcode: **Section 2 – Additional Information** 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: Applicant's **Signature:**

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.

Date:

## Name of Organisation requesting vetting (Parish/School/Order) Contact Person (PP/Principal/Provincial) Address of Organisation Email \*(This is the address to which a disclosure of convictions is returned. It should therefore be an email address to which only the contact person has

**Section 3 – Organisation Information** 

access)

Contact No.

Roll No. (Schools Only)

The applicant has provided documentation to	validate their identity in accordance with the
National Vetting Bureau (Children and Vulner	rable Persons) Act 2012 to 2016.
Contact Person signature	Date