

Diocese of Cork & Ross,
 Cork And Ross Offices,
 Redemption Rd.,
 Co Cork

Your Ref:

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Form NVB 1

Vetting Invitation

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

Name Of Organisation: Diocese of Cork and Ross

Forename(s):																					
Middle Name:																					
Surname:																					
Date Of Birth:	D	D	/	M	M	/	Y	Y	Y	Y											
Email Address:																					
Contact Number:																					
Role Being Vetted For:																					
Name of School																					

Current Home Address	Line 1:																				
	Line 2:																				
	Line 3:																				
	Line 4:																				
	Line 5:																				
Eircode/Postcode:																					

Section 2 Additional Information

I have been informed of the process involved in the making of this application and have provided documentation to validate my identity and proof of current address as outlined in Section 3 and

I consent to the making of this application and to the disclosure of information by the National Vetting Bureau to the Vetting 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: **Date:**

D	D	/	M	M	/	Y	Y	Y	Y
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Note: Please return this form to: Ms. Elaine Williams, Cork and Ross Diocesan Offices, Redemption Road, Cork.
 An invitation to the e-vetting website will then be sent to your Email address.

Section 3 Organisation Information

Name of Organisation requesting vetting – School	Scoil Naomh Muire
Contact Person: Principal/Chairperson	Gerard O'Donoghue
Address of Organisation	Farran, Ovens, Co. Cork, P31 E443
Email for vetting correspondence and Disclosures	office@farranschool.com
Contact No.	021-7331623
Roll No	18487H

Identification Documents: Please tick ✓ which documents were provided by the applicant, copies of which are held on file by the School. Please note original forms of ID and proof of address must be supplied by the applicant in all instances. The combination of identity documents provided must result in a combined score of 100

Form of ID	Please insert ✓ to indicate which documents were provided	Points for Vetting Applicant over 18 years	Points for Vetting Applicant under 18 years
Photographic identification – One, or more must be provided			
Irish Driving licence or learner permit (credit card format)		80	
Passport		70	100
Irish Certificate of Naturalisation		50	
Birth Certificate		50	100
Garda National Immigration Bureau (GNIB) Card		50	
National Identity Card (EU/EEA/Swiss citizens)		50	
Irish Driving Licence (old paper format)		40	
Proof of Current Address – One must be provided			
Letter from employer (within last two years) confirming name and address		35	
ID card issued by employer with name and home address		35	
ID card issued by employer (name only)		25	
P60, P45 or Payslip (with name and home address)		35	
Utility Bill (Issued within last six months, Mobile phone bills are not acceptable).		35	
Bank/Building Society/Credit Union Statement		35	
National Age card issued by An Garda Síochána		25	
Membership card from an Educational Institution		25	
Written statement from Principal confirming attendance at educational institution on letter head of that institution		N/A	100
Vetting Subject is unable to achieve 100 points but has provided Affidavit witnessed by a Commissioner for Oaths.		100	100
Total: (Combined Minimum Score Required =100)			

By signing this form, I confirm that I have reviewed originals of the documents indicated above in relation to the Vetting Applicant and that I have validated the identity of the Vetting Applicant in accordance with the requirements of the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 to 2016. I also confirm that copies of the identification documents have been retained in accordance with the Data Protection Acts 1988 to 2003.

Contact Person

Signature:

Principal/Chairperson

Date:

D	D	/	M	M	/	Y	Y	Y	Y
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