

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

Please read the following guidelines before completing this form.

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| The Form must be completed in full using **BLOCK CAPITALS** . Writing must be clear and legible. |
| The Form should be completed in ball point pen. |
| Photocopies will not be accepted. |
| All applicants will be required to provide documents to validate their identity  |
|  |
| **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. 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. |
|  |
| **Role Being Vetted For** |
| The role being applied for must be clearly stated – it should read **Let’s Go! Summer Camp Teacher**  |
|  |
| **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. |

**Your completed form needs to be returned to the children’s service who issued it to you.**

**Please note: Completed Forms should be sent by return post to**

**Lets Go Summer Schools Ltd**

**Sraleigh**

**Waterfall**

**Co Cork**

**T12F978**

**PLEASE NOTE SECTION 2 : Name and Address of Childs Service :**

 **Lets Go Summer Schools Ltd**

**Sraleigh**

**Waterfall**

 **Co Cork,**

 **T12 F978**

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|   | S:\Communications\Barnardos Logo. Please contact Communications if any probs\Brand - Logo and Font suite\barnardos logos for your use - jpegs\barnlogo grow.jpg | **Our Ref:** |
|  |
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| **Vetting Invitation (Form NVB 1)** |

**Section 1 – Personal Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Forename(s):** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Middle Name:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Surname:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date Of Birth:** | **D** | **D** | **/** | **M** | **M** | **/** | **Y** | **Y** | **Y** | **Y** |
| **Email Address:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Contact Number:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Role Being Vetted For:** | **C** | **A** | **M** | **P** |  | **T** | **E** | **A** | **C** | **H** | **E** | **R** |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Current Address:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Line 1:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Line 2:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Line 3:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Line 4:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Line 5:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Eircode/Postcode:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**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 2 – Additional Information**

|  |  |
| --- | --- |
| **Name & Full address Of Children’s Service:** | Let’s Go Summer Schools Ltd.,Sraleigh, WaterfallCo CorkT12 F978 |
|  |
| **I have provided documentation to validate my identity as required *and*****Iconsent 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**  |
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| **Applicant’s** |   |  |  |  |  |  |  |  |  |  |  |  |
| **Signature:** |  **Date:** | **D** | **D** | **/** | **M** | **M** | **/** | **Y** | **Y** | **Y** | **Y** |
|  |
| **Note: Please return this form to the above named Children’s Service.****An invitation to the e-vetting website will then be sent to your Email address.** |