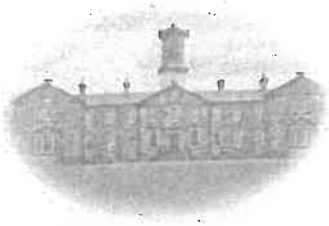

Coláiste Mhuire

An Muileann gCearr

Telephone 044 9344743 E-mail: reception@cbsmullingar.ie Website: www.cbsmullingar.ie

GARDA VETTING APPLICATION

ONCE COMPLETED, PLEASE RETURN TO THE SCHOOL OFFICE FOR PROCESSING

This form is the consent form and must be completed by all Vetting Subjects, including students. It must be submitted to the school in hard copy and must be signed and dated in black or blue ink. Photocopies/scanned copies will not be accepted.

This form and the identification documents must be retained in compliance with the requirements of the NVB and the school's GDPR policy.

JMB Vetting Validation Form

This form is available on www.jmb.ie

Name of School: ..... **Roll No.:** .....

School address: .....

In order to proceed with a vetting application, it is a requirement under National Vetting Bureau (NVB) procedures that the applicant must provide proof of their identity and proof of their current residence. The score value of **the identification documents provided, which must include one copy of photographic evidence and at least one copy of proof of residence**, must reach a minimum of 100 points in accordance with the NVB Vetting ID 100-point system.

FORM WILL BE RETURNED IF INCOMPLETE

Insert applicant details:

Full name: .....

Current address: .....

*Email address: .....

** Please note: applicants under 18 years of age must provide a parent's/guardian's email address.*

* Contact phone no.: .....

**Please note: applicants under 18 years of age must give a parent's/guardian's contact number.*

Role being Vetted for: .....

Declaration:

Please tick box

☐ 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 - 2016.

Signed by vetting applicant: ..... Date: .....

Declaration:

If applicant is under 18 years of age parental consent is required.

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 - 2016

Name of parent/guardian *(please use block capitals)* .....

Signed by parent/guardian: ..... Date: .....

PLEASE NOTE: Under Section 26(b) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 -2016 it is an offence to knowingly make a false statement for the purpose of obtaining or enabling another person to obtain a vetting disclosure.