



Guidelines For Completing NVB1 Form (Vetting Invitation Form i.e. Consent To be Vetted)

Please see below the guidelines on how to complete your NVB1 Form. Please read them carefully before beginning. The NVB1 Form is a legal document and it can only be completed or amended by you, the applicant.

- The Form must be completed in full using BLOCK CAPITALS and writing must be clear and legible.
- The Form should be completed in ballpoint pen.
- Photocopies will not be accepted.
- All applicants will be required to provide documents to validate their identity.
- If the applicant is under 18 years of age, a completed NVB 3 - Parent\Guardian Consent Form will be required. Please note that where the applicant is under 18 years of age the electronic correspondence will issue to the Parent\Guardian. This being the case, the applicant must provide their Parent\Guardian Email address on the NVB 1 form.

Personal Details

- All fields must be completed
- No abbreviations
- Middle Name - N/A inserted if there is no middle name as this cannot be left blank
- Email Address – valid email required. The vetting invitation link will issue to this email address only. It is recommended that you use your personal email so that you will have access to it even if you are on leave.
- Contact Number
- Current Address – at the time of completing this application - No abbreviations, Please include Eircode / Postcode if available
- Details provided match details on Identity Documentation

Role Being Vetted For

- The HSE person who is requesting the vetting for you, will provide you with guidance on how to write the role in the required format.
- Generic terms will not be accepted e.g. Clerical Officer, Staff Nurse, Doctor, Volunteer etc
- Max characters allowed for the role is 120
- The Role being vetted for MUST consist of the following components;
 - ✓ Role Title or Grade
 - ✓ Working with or has access to Children and/or Vulnerable adults
 - ✓ Health setting e.g. acute hospital, residential centre, client's own home

Declaration of Applicant & Consent

- Confirm your understanding and acceptance of the two statements by:
 - ✓ Ticking Consent Box.
 - ✓ Signing the Form i.e. handwritten signature, not typed, digital signatures are not permitted.
 - ✓ Dating the Form i.e. the date the form was signed. This is not your date of birth.

Next Steps?

The NVB1 Form and identity documents that you have provided will be double-checked for completeness and that they are filled out correctly. If correctly completed, a request for vetting will be submitted to the HSE's Garda Vetting Liaison Office.

Once processed, you will receive an email to the address you have provided on your NVB1 Form, from the National Vetting Bureau (An Garda Síochána) with a link inviting you to complete your online Garda Vetting application. It may be helpful to add the following email address to your address book (evetting.donotreply@garda.ie) to avoid the email invite being classified as spam.

If your NVB1 Form is completed incorrectly, you will be asked to either amend it or complete a new one. Any amendments you make should be resigned and redated.

During the online stage of the application process, you will be required to provide the following details: all names since birth, all addresses since birth and any criminal history information.

Sample of Correctly Completed NVB1 Form

Form NVB 1

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.

Section 2 – Additional Information



Name Of Organisation: HSE, Our Lady's Hospital, Ballysadare, Co Sligo

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:

Joe Blooas

Date:

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Note: Please return this form to the above named organisation. An invitation to the e-vetting website will then be sent to your E-mail address.

July 2016

Sample of Incorrectly Completed / Incomplete NVB1 Form

Form NVB 1 Vetting Invitation

Section 1 – Personal Information

Forename(s):	B L O G G S	Names entered in wrong field. Surname entered in Forename field and Forename entered in Surname field. Names must match ID Provided
Middle Name:	J O E	Middle Name Cannot Be Left Blank – If Applicant has no middle name, enter N/A
Surname:		
Date Of Birth:	0 1 / 0 4 / 1 9 8 9	
Email Address:	J O E B L O G G S @ G M A I L . C O M	
Contact Numbr	0 8 6 1 2 3 4 5 6 7	
Role Being Vetted For:	C L E R I C A L O F F I C E R	Role Unclear
Current Address:		
Line 1:	A P T 12	T H E L O D G E
Line 2:	P E A R S E	R O A D
Line 3:	B A L L Y S A D A R E	
Line 4:		Address Incomplete County Not Indicated
Line 5:		
Eircode/Postcode:	1 A B 2 C D E	

Section 2 – Additional Information

Name Of Organisation:	HSE	More Detail Required i.e. Must also include Name of Hospital or Unit etc
Consent Box Not Ticked	I consent to the making of this application and to the disclosure of information to the National Vetting Bureau (Children and Vulnerable Persons) Act 2016. Please tick box <input type="checkbox"/>	Consent to the making of this application and to the disclosure of information to the National Vetting Bureau (Children and Vulnerable Persons) Act 2016. Please tick box <input type="checkbox"/>
Applicant's Signature:	Joe Bloggs	Date: 0 1 / 0 4 / 1 9 8 9

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.



Your Ref:
(for GVLO use Only)

Form NVB 1
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	/	M	M	/	Y	Y	Y	Y														
Email Address:																								
Contact Number:																								
Role Being Vetted For:																								

Current Address:

Line 1:																								
Line 2:																								
Line 3:																								
Line 4:																								
Line 5:																								
Eircode/Postcode:																								

Section 2 – Additional Information

Name Of Organisation: HSE

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:

Date: D D / M M / Y Y Y Y

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.