



National
Recruitment
Federation

Guidelines for completing Vetting Invitation Form (NVB 1)

Please read the following guidelines before completing this form.

Miscellaneous

The Form must be completed in full using **BLOCK CAPITALS** and 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.

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

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. This is required as 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. Generic terms such as "Volunteer" will not suffice.

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.



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Your Ref:

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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:	P	H	A	R	M	A	C	I	S	T	I	N	T	H	E																
	C	O	M	M	U	N	I	T	Y	P	H	A	R	M	A	C	Y														

Current Address:

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

Section 2 – Additional Information

Name Of Organisation:	PHARMACONEX LTD
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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:	
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Date:	D	D	/	M	M	/	Y	Y	Y	Y
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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 Email address.

ID Check

Applicants for Garda Vetting must satisfy the ID check for their application to be processed. Please submit **a copy of your passport** accompanied by *one or more* documents from the table below.

If you do not have a passport or it is expired, please contact rachel@pharmaconex.com

Any combination must be equal to or exceed 30 points.

Proof of Address		
Identification	Score	Tick
P60, P45 or Payslip (with home address)	35	
Utility bill e.g. gas, electricity, television, broadband (must not be less than 6 months old. Printed online bills are acceptable. <i>Mobile phone bills are not acceptable</i>)	35	
Social Services Card/Medical Card	25	
<ul style="list-style-type: none"> • With photograph 	40	
Bank/Building Society/Credit Union statement	35	
Credit/debit cards/passbooks (only one per institution)	25	
National age card (issued by An Garda Síochána)	25	
Membership card		
<ul style="list-style-type: none"> • Club, union or trade, professional bodies 	25	
<ul style="list-style-type: none"> • Educational institution 	25	
Correspondence		
<ul style="list-style-type: none"> • From an educational institution/SUSI/CAO 	20	
<ul style="list-style-type: none"> • From an insurance company regarding an active policy 	20	
<ul style="list-style-type: none"> • From a bank/credit union or government body or state agency 	20	