### AN GARDA SÍOCHÁNA



# NATIONAL VETTING BUREAU VETTING FORM NVB2

Please complete section 1, 2, 3, and 5, please include the following when return this form.

<u>COPY OF TITLE PAGE OF YOUR PASSPORT</u> – Please validated/certify your Passport/ID with your Group Leader or Local Garda Station and include <u>PROOF OF YOUR CURRENT ADDRESS</u>

If the applicant is **under 18** years of age, a completed NVB 3 - Parent\Guardian Consent Form will be required, please see <a href="www.irishpilgrimagetrust.com">www.irishpilgrimagetrust.com</a> for all forms.

#### **Section 1 Personal Details**

Please provide changes of names, if any, from birth i.e. name change due to marriage, deed poll, adoption.

For Place of Birth, please state County//State of birth as this is a mandatory field.

Please state your Mother's Maiden Name as stated on your birth certificate.

#### Section 2 Addresses -

Please enter all your previous addressees, Insure that all years from birth to present are included.

The address fields should be completed in full, including Eircode/Postcode. No abbreviations.

#### Section 3 Self Disclosed Criminal Record

Criminal record means a record of the person's convictions whether within or outside the state or any criminal offences together with any ancillary or consequential orders made pursuant to the convictions concerned or a record of any prosecutions pending against the person whether within or outside the state for any criminal offences or both.

A person shall not be obliged to provide details of any convictions to which Section 14A of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016 applies.

#### Section 4

This section is not to be filled out by the applicant.

#### **Section 5 Declaration of Consent**

The applicant must confirm their understanding and acceptance of the statement by ticking the appropriate box where indicated. The date must be the present date of signing.

#### **Section 6 Additional Addresses**

See guidelines for Section 2 Addresses.

## AN GARDA SÍOCHÁNA

Name/Alias:

## **Vetting Form NVB 2** NATIONAL VETTING BUREAU

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Please enter all your previous addresses in chronological order. Please enter your full postal address. Line 1: Year From: Line 2: Line 3: Year To: Line 4: Line 5: Eircode/Postcode: Line 1: Year From: Line 2: Line 3: Year To: Line 4: Line 5: Eircode/Postcode: Line 1: Year From: Line 2: Line 3: Year To: Line 4: Line 5: Eircode/Postcode: Line 1: Year From: Line 2: Year To: Line 3: Line 4: Line 5: Eircode/Postcode: Line 1: Year From: Line 2: Line 3: Year To: Line 4: Line 5: Eircode/Postcode:

For additional addresses, refer to Section 6. If used, please tick here

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