

HSE GARDA VETTING REQUEST

Applicants Details	
Name	
Date of Birth	
Address	
Role /Position Applied for (in full do not use abbreviations)	
I Confirm that this applicant will be engaged in 'relevant work' as per Schedule 1 Part 1 & 2 NVB Acts 2012 to 2016	
	<input type="checkbox"/>
Application Type	Tick (One) ✓
Initial Hire	<input type="checkbox"/>
Existing employee	<input type="checkbox"/>
Volunteer	<input type="checkbox"/>
Work Experience	<input type="checkbox"/>
Validation of Identity	
I confirm that the identity of this applicant has been validated as required and that I have retained form NVB_ID01	
	<input type="checkbox"/>
Passport No. (if Given)	
Identity verified by (Print Name)	
Date of Verification	
Parental Consent (for applicants aged 16 or 17 only)	
I have obtained and retained signed parental consent for this applicant as they are under the age of 18	
	<input type="checkbox"/>
Consent obtained by (Print Name)	
Contact person / Issue confirmation notice to	
Name	
Grade	
Address 1	
Address 2	
Address 3	
Address 4	
Tel No:	Email:
Are you also the responsible person in the event of receipt of an unsatisfactory Garda Vetting disclosure	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signature	Date
Responsible Person (if different to the contact person listed above)	
Name	
Grade	
Address 1	
Address 2	
Address 3	
Address 4	
Tel No:	Email:

Please note it is an offence to knowingly provide false information to secure a vetting disclosure