servisource
Healthcare

Guidelines for completing Vetting Invitation Form (NVB 1)

Please read the following guidelines before completing this form.

Miscellaneous

The Form must be completed with ball point pen in full using **BLOCK CAPITALS** and writing must be clear and legible. Photocopies will not be accepted.

All applicants are required to provide documents to validate their identity i.e. Two of the following must be submitted with at least one being photographic ID:
Passport, Irish Drivers Licence. GNIB Card, Utility Bill (within the last 6 months), P45 or P60.
Additional proof of identity may be required.

If the applicant is under 18 years of age, a completed NVB 3 - Parent\Guardian Consent Form will be required.

A processing fee of **€20** must accompany your application (Cash notes only, Postal Order/Bank Draft made payable to Servisource Healthcare Ltd)

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 a compulsory requirement 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.

What happens next?

Once Servisource have received the completed application and payment, an email will be sent to you from the National Vetting Unit with a link to complete an online eVetting form.

This online link/application must be completed within 30 days. You will be sent a reminder after 21 days informing you that 9 days are left to complete. If the online application is not completed within the 30 days or is completed incorrectly you will have to restart the application and submit all required documents and fee again.

Please return the completed application to the relevant Servisource office below:

- Block 3 Quayside Business Park, Mill Street, Dundalk, Co. Louth, A91 WNH1
- 11 Anglesea Street, Cork, T12 CYR8
- 83 Merrion Square, Dublin 2, D02 R299
- Unit 19, 3rd Floor, Dockgate, Merchants Road, Galway, Co. Galway H91 P6CF

servisource Healthcare

Your Ref:

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: Servisource Healthcare Ltd

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 relevant office listed on the cover sheet. An invitation to the e-vetting website will be sent to your Email address.