Mary Immaculate College Coláiste Mhuire gan Smál South Circular Road, Limerick

Tel: +353 61 204962 Web: www.mic.ul.ie



Your Ref:	

For office 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:																								
		R	E	S	E	A	R	C	Н	E	R		F	o	R		A	C	A	D	E	M	Ι	C
Role Being Vetted F	or:	R	E	S	E	A	R	C	Н		I	N	V	o	L	V	I	N	G					
		C	Н	Ι	L	D	R	E	N		A	N	D											
		V	U	L	N	E	R	A	В	L	E		P	E	R	S	o	N	S					
_	•																							
Line 1:																								
Line 2:																								
Line 3:																								
Line 4:																								
Line 5:																								
Eircode/Postcode:																								

Section 2 – Additional Information

Name Of Organisation: MARY IMMACULATE COLLEGE, LIMERICK

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 \square

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.

GUIDELINES FOR COMPLETING VETTING INVITATION FORM (NVB 1)

You must read the following guidelines before completing this form.

- The form must be completed by you in full using **BLOCK CAPITALS** and your writing must be clear and legible. Please use a ballpoint pen.
- The original of this form with your signature must be submitted to the College (a photocopy is not acceptable).
- Your Form must be accompanied by two different types of ID One photographic and one address verification.
- All ID documentation must be Certified
- Certified Copies of ID: ID must be certified by one of the following: a member of An Garda Síochána, a Commissioner for Oaths or a practicing Solicitor.
- Details of acceptable ID documents can be found on the College website: http://www.mic.ul.ie/adminservices/studentservices/Pages/GardaVetting.aspx

SECTION 1 - Personal Details

- Insert your information, allowing one block letter per box.
- For date of birth field, allow one digit per box. Please distinguish between zero and O, S and 5 and I and I (L), where applicable. Allow one character/symbol per box including the dot in your email address.
- A working email address is required as the NVB invitation to the e-vetting website will be sent to you here.
- The current address means your full-time permanent address and not temporary or term-time accommodation.

NB – FOLLOWING SUBMISSION OF THIS DOCUMENT PLEASE REMEMBER TO CHECK YOUR EMAIL ACCOUNT AND SPAM FOLDER AS THE NVB EMAIL CONTAINING A LINK TO YOUR ON-LINE GARDA VETTING APPLICATION WILL BE SENT TO YOU HERE.

SECTION 2 – Additional Information

Please remember to sign the application form at Section 2 and please remember to tick the box provided.

WARNING

FAILURE TO COMPLETE THIS FORM CORRECTLY MAY DELAY YOUR COLLEGE APPOINTMENT.

DATA PROTECTION NOTICE

Personal data, including sensitive personal data, collected as part of this application, will be processed for the purposes of coordinating, monitoring and evaluating this application only. Data collected will be retained in line with MIC's Records Retention Schedule. All Personal Data collected is stored in strict accordance with current Data Protection Legislation. Your privacy is important to us.

A	ΓTACHED:						
	Photographic ID (e.g. Passport/	Driving Licence – certified copy)					
	□ Second form of ID (e.g. Birth Certificate/Public Services card/						
	social services card/medical	Card – original or certified copy).					
	Other	Self Declaration Form					



SELF-DECLARATION ON CRIMINAL OFFENCES

Post										
Forename										
Surname										
Address										
Questionnaire o	n criminal offence	es:			•					
1. Have you country ¹ ?		ted of a crim	ninal offence ir	Ireland or in any other						
YES	NO	(Please cir	cle the approp	oriate response)						
1. Have you country ¹		ged with a	criminal offen	ce in Ireland or in any oth	ıer					
YES	NO	(Please circle the appropriate response)								
	In the event that you have answered yes to either of the above questions please provide details below:									
Date	Court	Offeno	e	Court Outcome						

¹ This does not apply to offences under the Road Traffic Acts (or similar legislation in other countries).



SELF-DECLARATION ON CRIMINAL OFFENCES

By signing below, you acknowledge that the College may make enquiries to check the accuracy of the information provided and that the College reserves the right to carry out criminal background checks on all applicants. Please note that any person being offered a position by the College will be subject to Garda/Police Vetting.

Mary Immaculate College Limerick, reserves the right not to proceed with your application for if you provide any information in this questionnaire which, in the reasonable opinion of the College, renders you unsuitable for same.

If you provide any false or misleading information in this questionnaire, Mary Immaculate College Limerick reserves the right not to proceed with your application or to withdraw any offer made or, where you have already commenced a role with the College, to terminate same.

Signed:		 	
Date:			
Please print n	ame:		

This form, once it has been completed and signed, should be returned directly to the Garda Vetting Office, Student Academic Administration, Room 112, Mary Immaculate College, South Circular Road, Limerick.

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