AN GARDA SÍOCHÁNA

NATIONAL VETTING BUREAU

PARENT/GUARDIAN CONSENT FORM (NVB 3)

Applicant Details

BLOCKED CAPITAL

Forename(s):																							
Surname:																							
Date of Birth	D	D	M	M	Y	Y	Y	Y															

Parent/Guardian Details

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):																							
Surname:																							
Relationship to applicant																							

Relationship to Applicant:	**Father:**		**Mother:**		**Guardian**	

Address:

Line 1:																							
Line 2:																							
Line 3:																							
Line 4:																							
Line 5:																							
Eircode **Must be included**																							

Contact Phone No:																							
Email address:																							

I, being the Parent/Guardian of the above-named applicant, consent for the National Vetting Bureau to conduct vetting in respect of the above-named applicant in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

Please ✔ tick box ☐

Parent/Guardian Signature: _____ Date: D D M M Y Y Y Y

Incomplete forms/ illegible forms will be returned and this may delay your Garda Vetting.

NOTE: PLEASE RETURN THIS FORM TO YOUR SCHOOL OR CAMPUS, along with the NVB1 Form. An invitation to the e-vetting website will then be sent to the parent/guardian email address.