Limerick and Clare
Education and Training Board,
Marshal House,
Dooradoyle Road,
Co. Limerick.
061 442100
gardavetting@lcetb.ie

Bord Oideachais & Oiliúna
LUIMNIGH & AN CHLÁIR
LIMERICK & CLARE
Education & Training Board

YOUR REFERENCE

FORM NVB1

VETTING INVITATION

Section 1 – Personal Information

Under Section 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.

***If applicant is under the age of 18 years the email address and phone number provided MUST be for the Parent/Guardian**

BLOCKED CAPITAL

Forename(s):																							
Middle Name:																							
Surname:																							
Date of Birth	D	D	M	M	Y	Y	Y	Y															
***Email Address**																							
***Contact Number:**																							
Role Being Vetted for:																							
School/Campus you are currently enrolled in:																							

Current Address:

Line1:																							
Line 2:																							
Line 3:																							
Line 4:																							
Line 5:																							
Eircode Must be included																							

Section 2 – Additional Information

Name of Organisation:	**Limerick and Clare Education and Training Board**

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 ☐

Applicants 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. An invitation to the e-vetting website will then be sent to your email address. (parent/guardian email address if under the age of 18 years).