GARDA VETTING APPLICATION PROCESS 2016

Please read the LGFA Vetting guidance available for download carefully before undertaking your LGFA Garda Vetting Application Process.

All sections of the attached forms must be completed fully, correctly, and legibly.

Please use BLOCK CAPITALS when completing your Garda Vetting Application Form.

Applicants must complete both forms, the Identification Verification Form and the Vetting Form and forms must be returned together to:

The National Children's Officer,
Ladies Gaelic Football Association,
Croke Park
Dublin 3.

PLEASE NOTE: ALL MANDATORY FIELDS MUST BE COMPLETED. IF FORMS ARE ILLEGIBLE OR INCOMPLETE THEY WILL BE RETURNED DIRECTLY TO THE APPLICANT.

FORM 1 – IDENTIFICATION VERIFICATION FORM

1. The purpose of this form is to verify your identity.
2. Applicants must provide proof of identity and address to the Club Childrens' Officer (or nominated Garda Vetting Administrator)
3. Applicants must achieve 100 points or more on the Proof of Identity scale as detailed in the Guidance Document.

Identity Verification for Applicants 16 -18 years of age.

4. Applicants aged 16 -18 only need to provide proof of identification and not address.
5. Applicants aged 16 -18 must also submit a completed Parental/Guardian Consent Form.

LGFA
LADIES GAELIC FOOTBALL

LGFA Ref Number: _____
(Office Use Only)

LGFA Garda Vetting – Identification Verification Form (Form 1)

Section 1: To be completed by Applicant.

County:

Club Position/Role:

First Name: Surname:

Date of Birth: Contact No:

Email Address:

Current Address:

Please note: The above address will be used for all communication relevant to your Garda Vetting Application.

I have furnished my Club Children's Officer or other nominated officer with, as a minimum, one piece of photographic identification and at least one document confirming my current address as indicated below which may be retained and referenced until such time as my application has been completed.

Signed Date

Section 2: To be completed by Club Childrens' Officer/Garda Vetting Administrator

Please state the identification documentation provided by the Applicant:

DOCUMENT TYPE	SCORE
TOTAL	

Aged 16 to 18 Applicants only:

Please state the identification documentation provided by the Applicant. If under 18 years of age, the email address must be that of the Parent/Guardian and the form will only be processed when the form is accompanied by a Completed NVB 3 Parent/Guardian Consent Form.

DOCUMENT TYPE	SCORE
Provision of NVB 3Parent/Guardian Consent Form – PLEASE CIRCLE	YES/NO
TOTAL	

Note: Form should be signed if you are confident that the documentation provided by the applicant verifies their identification.

Signed Date

Print Position

Vetting Form NVB 2

AN GARDA SÍOCHÁNA

NATIONAL VETTING BUREAU

Organisation Address:

Ladies Gaelic Football Association
Croke Park
Dublin 3

Your Ref No:

NVB Reference No: L G F 0 0 1 - -

Note To Applicant

- Return this form to the above named organisation.
- Do not send this form to the National Vetting Bureau or to any Garda Station.
- 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.

Section 1 – Personal Information (to be completed by Applicant)

Forename(s):

Middle Name(s):

Surname:

Gender: Male: ☐ Female: ☐

Is your Name at Birth the same as above? Yes: ☐ No: ☐ If No, please provide details:

Forename(s):

Middle Name(s):

Surname:

Date of Birth: D D / M M / Y Y Y Y

Place of Birth:

Country Of Birth:

Passport No:

Mother's Maiden Name:

Current Address: Year From: Y Y Y Y Year To: **PRESENT**

Line 1:

Line 2:

Line 3:

Line 4:

Line 5:

Eircode/Postcode:

Also known as:

Name/Alias:

Application valid on the commencement of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

Section 2 – Addresses (to be completed by Applicant)

Please enter all your previous addresses in chronological order. Please enter your **full** postal address.

Line 1:
Line 2:
Line 3:
Line 4:
Line 5:
Eircode/Postcode:

Year From: Y Y Y Y
Year To: Y Y Y Y

Line 1:
Line 2:
Line 3:
Line 4:
Line 5:
Eircode/Postcode:

Year From: Y Y Y Y
Year To: Y Y Y Y

Line 1:
Line 2:
Line 3:
Line 4:
Line 5:
Eircode/Postcode:

Year From: Y Y Y Y
Year To: Y Y Y Y

Line 1:
Line 2:
Line 3:
Line 4:
Line 5:
Eircode/Postcode:

Year From: Y Y Y Y
Year To: Y Y Y Y

Line 1:
Line 2:
Line 3:
Line 4:
Line 5:
Eircode/Postcode:

Year From: Y Y Y Y
Year To: Y Y Y Y

For additional addresses, refer to Section 6. If used, please tick here ☐

Application valid on the commencement of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

Section 3 – Self Disclosed Criminal Record (to be completed by Applicant)

Have you a criminal record in Ireland or elsewhere? Yes ☐ No ☐ (If Yes, please provide details)

Date	Court Name	Offence Summary	Court Outcome / Cases Pending / Appeals

Section 4 – Liaison Person (to be completed by Liaison Person)

Organisation: **Ladies Gaelic Football Association**

Authorised Liaison Person Details:

Forename:

Surname:

Liaison Reg No:

The applicant has provided documentation to validate their identity in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016. Please tick box ☐

Liaison Person Signature

Date: D D / M M / Y Y Y Y

Role Being Vetted For:

Is the application submitted on behalf of an Affiliate Organisation: Yes: ☐ No: ☐

If Yes, please state Affiliate Organisation:

Section 5 – Declaration Of Consent (to be completed by Applicant)

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 Signature:

Date: D D / M M / Y Y Y Y

Section 6– Additional Addresses (to be completed by Applicant)

Line 1:
Line 2:
Line 3:
Line 4:
Line 5:
Eircode/Postcode:

Year From: Y Y Y Y
Year To: Y Y Y Y

Line 1:
Line 2:
Line 3:
Line 4:
Line 5:
Eircode/Postcode:

Year From: Y Y Y Y
Year To: Y Y Y Y

Line 1:
Line 2:
Line 3:
Line 4:
Line 5:
Eircode/Postcode:

Year From: Y Y Y Y
Year To: Y Y Y Y

Line 1:
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Line 3:
Line 4:
Line 5:
Eircode/Postcode:

Year From: Y Y Y Y
Year To: Y Y Y Y

Line 1:
Line 2:
Line 3:
Line 4:
Line 5:
Eircode/Postcode:

Year From: Y Y Y Y
Year To: Y Y Y Y

If this page does not allow enough space for addresses, please copy this page and number it below:

Page ☐ **Of** ☐

Application valid on the commencement of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.