



Guidelines for completing Vetting Invitation Form (NVB 1)

Please read the following guidelines before completing this form.

The Form must be completed in full using **BLOCK CAPITALS**. Writing must be clear and legible.

The Form should be completed in ball point pen.

Photocopies will not be accepted. The Original Signature is Required.

All applicants will be required to provide documents to validate their identity

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. 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 – it should read **Camp Leader**

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.

Your completed form needs to be returned to Starcamp.

Please note: Completed Forms should be sent by return post to

**Starcamp Summer Camps
Starcamp House
Old Waterpark
Carrigaline
Cork
P43 RP79**

PLEASE NOTE SECTION 2 : _____ **Name and Address of Childs Service :**

**Starcamp Ltd
Starcamp House
Old Waterpark
Carrigaline
Cork
P43 RP79**

Create
2 Curved St
Temple Bar
Dublin 2



create national development
agency for collaborative arts

Our Ref:

Vetting Invitation (Form NVB 1)

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:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">/</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">/</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y	
D	D	/	M	M	/	Y	Y	Y	Y			
Email Address:												
Contact Number:												
Role Being Vetted For:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">C</td><td style="width: 20px;">A</td><td style="width: 20px;">M</td><td style="width: 20px;">P</td><td style="width: 20px;"> </td><td style="width: 20px;">L</td><td style="width: 20px;">E</td><td style="width: 20px;">A</td><td style="width: 20px;">D</td><td style="width: 20px;">E</td><td style="width: 20px;">R</td> </tr> </table>	C	A	M	P		L	E	A	D	E	R
C	A	M	P		L	E	A	D	E	R		
Current Address:												
Line 1:												
Line 2:												
Line 3:												
Line 4:												
Line 5:												
Eircode/Postcode:												

Section 2 – Additional Information

Name & Full address Of Children’s Service:	Starcamp Ltd, Starcamp House, Old Waterpark, Carrigaline, Cork P43 RP79
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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:	
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Date:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">/</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">/</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y		

Note: Please return this form to the above named Children’s Service. An invitation to the e-vetting website will then be sent to your Email address.