

## 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:	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y		
Email Address:											
Contact Number:											
Current Address:											
Line 1:											
Line 2:											
Line 3:											
Line 4:											
Line 5:											
Eircode/Postcode:											

Role being vetted for:  
 Please tick as applicable

Minister of the Liturgy	
Sacramental Preparation Volunteer	
Minister of the Eucharist	
Hospitality Ministry	
Visitation Ministry	
Music Ministry	
Collectors at Mass	

## Section 2 – Additional Information

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:

Date:   /   /

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.

## Section 3 – Organisation Information

Name of Parish	Kilnamanagh-Castleview Parish
Contact Person (Parish Priest)	Fr Michael Murphy
Address of Parish	St Kevin's Church, Treepark Road, Kilnamanagh, D24 HW80
Parish Priest Secure Email	<a href="mailto:kcvetting@gmail.com">kcvetting@gmail.com</a>
Contact No.	01-4515570

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

Witness name (block) \_\_\_\_\_

Witness signature \_\_\_\_\_ Date \_\_\_\_\_

The applicant has provided documentation to validate their identity in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 to 2016 to the above named witness/to me.

Parish Priest signature \_\_\_\_\_ Date \_\_\_\_\_