



Personal Details

Name

E-mail

Home Address

Telephone Mobile No.

Date of Birth Date of Application

Do you have any illness/disability/medical condition which may - at times - require additional supports in your role as a PAL?

- Yes
- No

If yes, please give details

Gaisce Award Partner

Address

Telephone

Is your organisation a new Gaisce Award Partner?

- Yes
- No

How did you hear about Gaisce?

- Gaisce already or previously operated in the school/organisation that I work/volunteer with*
- Direct contact from Gaisce staff*
- Gaisce website* *Social media*
- Local volunteer centre (please specify below) / Volunteer Ireland*
- Other, please specify below*

Have you attended approved 4-hour Children First/Child Protection Awareness Programme training?

- Yes
- No

Reference Checking

Please supply the details of two people (non-relatives), who know you well and can provide us with a reference. Please include your immediate line manager/supervisor or equivalent. Gaisce will make contact with both of your nominated referees

| | | | |
|------------|----------------------|------------|----------------------|
| Referee 1 | <input type="text"/> | Referee 2 | <input type="text"/> |
| Name | <input type="text"/> | Name | <input type="text"/> |
| Role | <input type="text"/> | Role | <input type="text"/> |
| Mobile No. | <input type="text"/> | Mobile No. | <input type="text"/> |
| E-mail | <input type="text"/> | E-mail | <input type="text"/> |

**NB: It is very important that your referees are informed that you have nominated them*

Declaration (Confidential)

I confirm that nothing within my personal or professional background deems me unsuitable for a post which involves working with young people.

I declare that the information in this application is true.

I commit to uphold the standards of the Award and do everything in my power to ensure that each young person achieving an Award under my guidance will have earned that Award.

I have read and agreed to implement Gaisce's Child Protection Policy. I will take all reasonable steps to draw the guidelines to the attention of other adults that I involve in the programme.

President's Award Leaders come into the possession of Personal Data (as defined by the Data Protection Act) of their participants. I confirm that I will only use this data to fulfil my obligations as a PAL.

Signed _____ Today's

*Please return by mail, fax to (01) 67 07 060 or by scanning and emailing
info@gaisce.ie*

Have you ever been convicted of a Criminal Offence or been the subject of a Caution or of a Bound Over Order?

- Yes
- No



GAISCE THE PRESIDENT'S AWARD

Guidelines for completing Vetting Invitation Form (NVB 1)

Please read the following guidelines before completing this form.

Miscellaneous

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

The Form should be completed in ball point pen.

Photocopies will not be accepted.

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

If the applicant is under 18 years of age, a completed NVB 3 - Parent\Guardian Consent Form will be required. Please note that where the applicant is under 18 years of age the electronic correspondence will issue to the Parent\Guardian. This being the case, the applicant must provide their Parent\Guardian Email address on the NVB 1 form.

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. This is required as 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. Generic terms such as "Volunteer" will not suffice.

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.

Form NVB 1

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): | <input style="width: 100%; height: 20px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| Middle Name: | <input style="width: 100%; height: 20px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| Surname: | <input style="width: 100%; height: 20px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| Date Of Birth: | D | D | / | M | M | / | Y | Y | Y | Y | <input style="width: 100%; height: 20px;" type="text"/> | | | | | | | | | | | |
| Email Address: | <input style="width: 100%; height: 20px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| Contact Number: | <input style="width: 100%; height: 20px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | |
| Role Being Vetted For: | P | R | E | S | I | D | E | N | T | ' | S | A | W | A | R | D | L | E | A | D | E | R |
| | <input style="width: 100%; height: 20px;" type="text"/> | | | | | | | | | | | | | | | | | | | | | |

Current Address:

| | | | | | | | | | | | | | | | | | | | | |
|-------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Line 1: | <input style="width: 100%; height: 20px;" type="text"/> | | | | | | | | | | | | | | | | | | | |
| Line 2: | <input style="width: 100%; height: 20px;" type="text"/> | | | | | | | | | | | | | | | | | | | |
| Line 3: | <input style="width: 100%; height: 20px;" type="text"/> | | | | | | | | | | | | | | | | | | | |
| Line 4: | <input style="width: 100%; height: 20px;" type="text"/> | | | | | | | | | | | | | | | | | | | |
| Line 5: | <input style="width: 100%; height: 20px;" type="text"/> | | | | | | | | | | | | | | | | | | | |
| Eircode/Postcode: | <input style="width: 100%; height: 20px;" type="text"/> | | | | | | | | | | | | | | | | | | | |

Section 2 – Additional Information

Name of your organisation (where you will operate the Gaisce Award):

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.