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



YOUR REFERENCE

FORM NVB1 VETTING INVITATION

Section 1 – Personal Information

offence to mal	-	-					_		•								-	AC	ts 20)12	to 2	016	, It I	s an
*If applicant is und	der th	ne ag	e of	18 ye	ears	the e	mail	add	ress	and	phor	ne n	umb	er p	rovide	d <u>M</u>	<u>UST</u>	be t	for t	ne P	arer	nt/G	uarc	lian
BLOCKED CAPITAL																								
Forename(s):																								
Middle Name:																								
Surname:																								
Date of Birth	D	D	M	M	Υ	Υ	Υ	Υ				1					1	1						
*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 – Add	Section 2 – Additional Information																							
Name of Organis	satio	n:		Lime	rick	and	Clar	e Ed	ucati	on a	nd 1	rair	ning	Boa	rd									
I have provided dod	cume	ntati	on to	vali	date	my io	lenti	ty as	requ	ired	<u>and</u>							•	.					
I consent to the ma Person pursuant to																						e Liai	son	
Please ✓ tick box																								
Applicants Signature:															Dat	e: [D	D	M	M	Υ	Υ	Υ	Υ

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).