

### **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.

All applicants will be required to provide two documents to validate their identity and one further to validate their address.

POI Examples (require 2 at least):

Passport, Driver License, Birth Cert, GNIB/IRP Card

POA Examples (require 1 at least):

<u>Bank Statement, Utility Bill</u>

# This National Vetting Bureau process is both easier and quicker. Vetting can be completed in just four steps;

- 1. Complete the attached Vetting Invitation Form with your most relevant contact details.
- 2. Return this form back to Global Medics and await your email link which you should receive within 5-10 working days.
- 3. Once you have received the email link follow that to complete the online Vetting Form. You have a limited time for the link to remain active.
- 4. Await your Vetting Disclosure which will be sent to Global Medics by email.



Your Ref:	

#### Form NVB 1

## **Vetting Invitation**

#### Section 1 – Personal Information

**Signature:** 

Under Sec 26(b)							_		•										s) A	cts	201	2 to	20	16,	it is	an
offence to make	a fa	lse	stat	eme	nt fo	r th	e pu	ırpo	se o	f ob	tain	ing	a v	ettii	ng d	iscl	osu	re.								
Forename(s):																										
Middle Name:																										
Surname:																										
Date Of Birth:	D	D	_	M	M	/	Y	Y	Y	Y																
<b>Email Address:</b>																										
Contact Number	r:																									
Role Being Vette	ed F	or:																								
Current Addres	ss:																									
Line	1:																									
Line	2:																									
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Line	5:																									
Eircode/Postcod	le:																									
Section 2 – A	ddi	tion	al l	[nfo	rma	tion	1																			
Name Of Organ	isati	on:		Glo	bal	Med	lics	Irela	and																	
I have provided I consent to the Liaison Person p 2016. Please tick	mal purs	king uan	of t	his a	pplic	atio	n an	d to	the	disc	losu	re o	f in	forn												
Applicant's																										

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.

Date: D D