AN GARDA SÍOCHÁNA

NATIONAL VETTING BUREAU

PARENT/GUARDIAN CONSENT FORM (NVB 3)

Applicant Details

Forename(s):

Surname:

Date Of Birth: D D / M M / Y Y Y Y

Parent/Guardian Details

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):

Surname:

Relationship to applicant: **Father:** ☐ **Mother:** ☐ **Guardian:** ☐

Address:

Line 1:

Line 2:

Line 3:

Line 4:

Line 5:

Eircode/Postcode:

Parent/Guardian Consent

I, being the Parent/Guardian of the above named applicant, consent for the National Vetting Bureau to conduct vetting in respect of the above named applicant in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

Parent/Guardian Signature:

Date: D D / M M / Y Y Y Y

Parental consent is required under the Garda Vetting Bureau Act for youth aged between 16-18yrs old. Please complete this form NVB3 along with the NVB1 Garda E-Vetting Invitation Form. Please read the guidelines for completing the forms and submit the requested documentation.

Parent/Legal Guardian Email Address _____

Parent/Legal Guardian Contact Number _____