



Form NVB 1

Vetting Invitation

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.

Section 1 Personal Information

Forename(s):																															
Middle Name:																															
Surname:																															
Date Of Birth:	D	D	/	M	M	/	Y	Y	Y	Y																					
Email Address:																															
Contact Number:																															
Role Being Vetted For:																															
Line 1:																															
Line 2:																															
Line 3:																															
Line 4:																															
Line 5:																															
Eircode/Postcode:																															

Section 2 Additional Information

Name of Organisation: **MERCY UNIVERSITY HOSPITAL**

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 12(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 Michelle Brown or Fiona Lynch, Mercy University Hospital, Grenville Place Cork . An invitation to the e-vetting website will then be sent to your email address.

PTO ->

Section 3 Self Disclosed Criminal Record

Have you a criminal record in Ireland or elsewhere? Yes No (If Yes, please provide details)

Do you have any court outcomes/cases pending/appeals? Yes No (If Yes, please provide details)

Date	Court Name	Offence Summary	Court Outcome / Cases Pending / Appeals