



Guidelines for completing Vetting Form (NVB 2)

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.

Section 1 Personal Details

Insert details for each field, allowing one block letter per box.

For Date of Birth field, allow one digit per box.

For Gender field please tick the appropriate box.

Please provide changes of names, if any, from birth i.e. name change due to marriage, deed poll, adoption.

For Place of Birth, please state County/State of birth as this is a mandatory field.

Please state Country Of Birth as this is a mandatory field.

Please state your Passport Number where applicable.

Please state your Mother's Maiden Name as stated on your birth certificate.

Any fields not applicable to the applicant should be marked "N/A".

Section 2 Addresses

Please enter all your previous addresses in chronological order.

The address fields should be completed in full, including Eircode/Postcode. No abbreviations.

Insure that all years from birth to present are included.

Allow one letter per box and an empty box between words.

For the "Years From" and "Years To", please specify the year only e.g.

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It is permitted to have more than one address in any given year.

Section 3 Self Disclosed Criminal Record

Criminal record means a record of the person's convictions whether within or outside the state for any criminal offence together with any ancillary or consequential orders made pursuant to the convictions concerned or a record of any prosecutions pending against the person whether within or outside the state for any criminal offences or both.

A person shall not be obliged to provide details of any convictions to which Section 14A of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016 applies.

Section 4 Liaison Person

This section is not to be filled out by the applicant.

Section 5 Declaration of Consent

The applicant must confirm their understanding and acceptance of the statement by ticking the appropriate box where indicated. The date must be the present date of signing.

Section 6 Additional Addresses

See guidelines for Section 2 Addresses.

Section 2 – Addresses

(to be completed by Applicant)

Please enter all your previous addresses in chronological order. Please enter your **full** postal address.

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Line 2:

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Line 3:

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Line 4:

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Line 5:

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Eircode/Postcode:

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Year From:

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Year To:

Y	Y	Y	Y
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Line 1:

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Eircode/Postcode:

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Year From:

Y	Y	Y	Y
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Year To:

Y	Y	Y	Y
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Line 1:

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Eircode/Postcode:

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Year From:

Y	Y	Y	Y
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Year To:

Y	Y	Y	Y
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Line 1:

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Eircode/Postcode:

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Year From:

Y	Y	Y	Y
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Year To:

Y	Y	Y	Y
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Eircode/Postcode:

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Year From:

Y	Y	Y	Y
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Year To:

Y	Y	Y	Y
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For additional addresses, refer to Section 6. If used, please tick here ☐

Application valid on the commencement of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

(to be completed by Applicant)

☐

No

(If Yes, please provide details)

[illegible]

(to be completed by Liaison Person)

Irish Table Tennis Association

Authorised Liaison Person Details:

[illegible][illegible]

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D D / M M / Y Y Y Y

[illegible]

Yes:

No:

If Yes, please state Affiliate Organisation:

[illegible]

(to be completed by Applicant)

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D D / M M / Y Y Y Y

Section 6– Additional Addresses

(to be completed by Applicant)

Line 1:

Eircode/Postcode:

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Year From:

Y	Y	Y	Y
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Year To:

Y	Y	Y	Y
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Line 1:

Eircode/Postcode:

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Year From:

Y	Y	Y	Y
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Year To:

Y	Y	Y	Y
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Line 1:

Eircode/Postcode:

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Year From:

Y	Y	Y	Y
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Year To:

Y	Y	Y	Y
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Line 1:

Eircode/Postcode:

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Year From:

Y	Y	Y	Y
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Year To:

Y	Y	Y	Y
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Line 1:

Eircode/Postcode:

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Year From:

Y	Y	Y	Y
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Year To:

Y	Y	Y	Y
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If this page does not allow enough space for addresses, please copy this page and number it below:

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