



The Irish Association of
Social Care Management

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 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.

Personal Details

Insert details for each field.

Please fill in your Email Address. This is required as the invitation to the e-vetting website will be sent to this address.

The Current Address means the address you are now living at.

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

Role Being Vetted For

The role being applied for must be clearly stated. Generic terms such as “Volunteer” will not suffice. Please use the description already on the form: Social Care student on work placement.

Declaration of Application

The applicant must confirm their understanding and acceptance of the two statements by signing the application form at Section 2 and **ticking the box** provided.

Unit 2
Deerpark Business
Complex
Dublin Road
Carlow
iascmvetting@gmail.com
www.iascm.ie



The Irish Association of
Social Care Management

**Your
Ref:**

Vetting Invitation

Section 1 – Personal Information

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):	
Middle Name:	
Surname:	
Date Of Birth:	DD / MM / YYYY
Email Address:	
Contact Number:	
Role Being Vetted For:	Social Care student on placement working with children, youth and/or vulnerable adults

Current Address:

Line 1:	
Line 2:	
Line 3:	
Line 4:	
Line 5:	
Eircode/Postcode:	

Section 2 – Additional Information

Name Of Organisation: Open Training College

I have provided documentation to validate my identity as required *and* I consent to the making of this application in the full knowledge that this application for vetting will be processed by a third party organisation (the IASCM) and to the disclosure of information by the National Vetting Bureau to the Liaison Person via that third party organisation (the IASCM) pursuant to Section 13 (4) (e) National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016. **Please tick box**

Applicant's Signature: Date: 16/05/2025

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 at a later stage.