



Bob Seward  
 ACI Vetting Liaison Person  
 25 Shanowen,  
 Rathcormac,  
 Co. Cork. P61 WP52

Your Ref:

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Angling Council Ireland  
 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:         | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">/</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">/</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td> </tr> </table> | D | D | / | M | M | / | Y | Y | Y | Y |
| D                      | D   | / | M | M | / | Y | Y | Y | Y |   |   |
| Email Address:         |   |   |   |   |   |   |   |   |   |   |   |
| Contact Number:        |   |   |   |   |   |   |   |   |   |   |   |
| Role Being Vetted For: |   |   |   |   |   |   |   |   |   |   |   |
| Current Address:       |   |   |   |   |   |   |   |   |   |   |   |
| Line 1:                |   |   |   |   |   |   |   |   |   |   |   |
| Line 2:                |   |   |   |   |   |   |   |   |   |   |   |
| Line 3:                |   |   |   |   |   |   |   |   |   |   |   |
| Line 4:                |   |   |   |   |   |   |   |   |   |   |   |
| Line 5:                |   |   |   |   |   |   |   |   |   |   |   |
| Eircode/Postcode:      |   |   |   |   |   |   |   |   |   |   |   |

## Section 2 – Additional Information

|                       |                         |
|-----------------------|-------------------------|
| Name Of Organisation: | Angling Council Ireland |
|-----------------------|-------------------------|

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 13(4)(e) National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016. Please tick box

Applicant's Signature:

Date: 

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

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.

