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



Your Ref:	

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 – Pe	erso	onal	Inf	orm	atio	n																			
Forename(s):																									
Middle Name:																									
Surname:																									
Date Of Birth:	D	D	\perp	M	M	\perp	Υ	Υ	Υ	Υ		_		_					_					_	_
Email Address:				L					L	L	L	L		Ц					L		Ц				
Contact Number:	:																								_
Role Being Vetted	d Fo	r:	_	<u> </u>	_				<u> </u>	<u> </u>									<u> </u>	<u> </u>					
Current Address	s:												_			_									
Line 1	1:																								
Line 2	2:																								
Line 3	3:																								
Line 4	4:																								
Line 5	5:																								
Eircode/Postcode	: :																								
Section 2 – Ac	ddit	ion	al Ir	nfor	mat	on																			
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:														Dat	e:	D	D	,	M	M		Υ	Υ	Υ	Υ

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.