NATIONAL SPIRITUAL ASSEMBLY OF THE BAHÁ'ÍS OF IRELAND

GARDA VETTING AND REGISTRATION FORM

SECTION 1: PERSONAL INFORMATION

UNDER SEC 26 (B) OF THE NATIONAL VETTING BUREAU (CHILDREN AND VULNERABLE PERONS) ACT 2012, IT IS AN OFFENCE TO MAKE A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING A VETTING DISCLOSURE.

Forename:	
Middle Name:	
Surname:	
Date of Birth:	D D / M M / Y Y Y Y
Email Address:	
Contact Number:	

Current Address:

Line 1			
Line 2			
Line 3			
Line 4			
County			
Country		Post Code/ Eircode	

SECTION 2: ORGANISATION & ROLE

Organization you are being vetted for:	N. S. A. of the B A H A 'I S of I R E L A N D
Job/Volunteer Role being vetted for:	C H I L D R E N / Y O U T H T U T O R

Please tick the box on the right to indicate that:

- I have provided documentation to validate my identity as required and I consent to making this application in accordance with Section 13 (4)(e) National Vetting Bureau (Children and Vulnerable persons) Act 2012
- I am aware that an invitation to the online vetting website will issue to my email address and that I must act on it within 30 days.

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Applicants Signature:

Date: D D / M M / Y Y Y Y

REGISTRATION INFORMATION

SECTION 3: TRAINING COMPLETED

I completed online TUSLA training on *(please insert date below)*	I completed training in the Child Safeguarding Training policy on *(please complete date)*	Please tick if you have completed:
___/___/___	___/___/___	Ruhi 3 ☐ Ruhi 5 ☐ Ruhi 7 ☐

SECTION 4: REFEREE

Name of Referee	
Position	
Email address	

SECTION 5: ID DOCUMENT VERIFICATION / LSA OFFICER OR GROUP SECRETARY

LSA / CLUSTER*	
Signature of LSA officer/group secretary	
Name of LSA officer/group secretary (please print)	
Date	

***If** you live outside of an LSA area, the Garda Vetting Officer will sign off on your identification documents.

If you need assistance please contact: gardavetting@bahai.ie **or 00 353 87 1641588