



**Western Province Diocesan Vetting Service
Vetting Invitation**

Ref No:

Please complete using **BLOCK CAPITALS** and return form to the following address:
**WESTERN PROVINCE DIOCESAN VETTING SERVICE, GALWAY PASTORAL CENTRE,
NEWTOWNSMITH, GALWAY CITY**
DO NOT send this form directly to the National Vetting Bureau or to any Garda Station

Section 3 – Organisation Information

Name of Organisation Requesting Vetting <i>(Diocese/Parish/School/Diocesan Agency)</i>	
Contact Person <i>(Bishop/Priest/Chairperson of Board of Management/Agency Manager)</i>	
Address of Organisation	
Email Address for contact Person:	
Contact Number:	
Roll Number (Schools Only):	

The Applicant has provided documentation* to validate their identity in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 to 2016

Please tick: List Documents Provided:

Contact Person Signature:

Date:

Notes:

***Valid Forms of Identity must include Photo ID, Proof of Date of Birth and Proof of Current Address. e.g. Passport plus Current Utility Bill.**

The Contact Person should return this to:

**VETTING ADMINISTRATOR
WESTERN PROVINCE VETTING SERVICE
GALWAY DIOCESAN PASTORAL CENTRE
NEWTOWNSMITH
GALWAY CITY**