|  |
| --- |
| Donegal Co Co (Brand) F+1 Compressed |
| Temporary Beach Lifeguard Summer Bathing Season **June to September, 2023****Application Form****Closing Date: 12 Noon, Monday 20th March 2023**  |
| **Section 1 – Personal Details** |
| **Title:** | **First Name:** | **Surname:** |
|  |  |  |
| **Address – For Correspondence Purposes:** |
|  |
|  |
|  |
|  |
|  |
| **Contact Details:** |
| *Work Phone:* |  | *Extn Number:* |  |
| *Home Phone:* |  | *Mobile Number:* |  |
| *Email Address:* |  |
| ***Note:*** Please ensure that you have read the Information Booklet prior to completing your application.You must ensure that all sections of this application form are completed in full.In the event that short-listing of applicants is required, the Council will examine the application forms and assess them against a set of pre-determined criteria based on the requirements of the position.It is therefore in your own interest to provide a detailed and accurate account of your qualifications/experience on the application form. |

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** |  | **Surname:** |  |

### Section 2 – Education & Training

Please give details of all education and training undertaken and qualifications obtained, i.e. general education and academic/professional/technical qualifications.

Qualifications: All appointments to the Council are subject to necessary qualification checks. Prior to appointment, the Council may seek from the candidate copies of relevant Qualifications required for eligibility for this position.

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification** *(e.g. Degree, Diploma, Cert etc)***Duration of course** **Year obtained** | **Grade obtained** *(e.g. 1, 2.1, 2.2, Pass, Higher Level, Ordinary Level, A1, A2, B1 etc.)* | **Subjects taken in final examination** | **University, College or Awarding Body** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **First Name:** |  | **Surname:** |  |

### Section 3 – Beach Lifeguard Qualifications Details

Candidates must hold a current National Beach Lifeguard Award or equivalent. Please submit original certificate along with application.

|  |  |  |  |
| --- | --- | --- | --- |
| **3.1** | **Do you currently hold a Beach Lifeguard Certificate? (Please tick)***If yes, please submit original certificate by post* | **Yes** | **No** |
|  |  |
| **3.2** | **If you do not hold a current Beach Lifeguard Certificate, please confirm:** |
| Date which you are undertaking the course, or |  |
| Date on which the Cert is being re-validated |  |

### Section 4 – Other Related Qualifications

Please confirm if you hold any of the following qualification and provide copies of certificates, where appropriate:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Award** | **Awarding Body** | **Date Awarded** |
| **4.1** | Occupational First Aid / First Aid Responder |  |  |
| **4.2** | Cardiac First Responder |  |  |
| **4.3** | Manual Handling |  |  |
| **4.4** | Other |  |  |

### Section 5 – Health

**Please note candidates will also be required to complete a Health Self Declaration form before any appointment is made.**

|  |  |  |
| --- | --- | --- |
| **5.1** | **Are you in a good state of general health and fitness?**  |  |
| If not, please give brief details below: |
| **5.2** | **Is your colour vision normal?** |  |
| If not, please give brief details below: |
| **5.3** | **Is your eyesight normal without contact lenses or glasses?**  |  |
| If not, please state below the form of correction used: |
| **First Name:** |  | **Surname:** |  |

|  |  |  |
| --- | --- | --- |
| **5.4** | **Have you been vaccinated against the following?** | **Hepatitis A** |
| Yes: No: Date Vaccinated: |
| **5.5** | **Have you been vaccinated against the following?** | **Hepatitis B** |
| Yes: No: Date Vaccinated: |
| **5.6** | **Have you been vaccinated against the following?** | **Tetanus** |
| Yes: No: Date Vaccinated: |
| If you have answered “No” to any of the above and wish to avail of a vaccine through the Council’s Occupational Health Advisor, please complete a copy of the **Vaccination Consent Form** with this application. |

### Section 6 – Availability

|  |  |
| --- | --- |
| **6.1** | **What is your current occupation?**  |
| **6.2** | **If offered a post, will you be available to take up duty for the following periods during the summer bathing season?** (please tick) |
|  | **Yes** | **No** |
| Beginning or Weekends in June**Note: Positions on Bundoran & Rossnowlagh beach begin full time on June 1st; all other beaches commence weekends only from June 3rd then full-time from 1st July** |  |  |
| July and August (six days per week, including weekends) **Note: No annual leave will be granted during this period**  |  |  |
| September – weekends up to 15th September 2023 |  |  |

### Section 7 – Driving Licence

|  |  |  |  |
| --- | --- | --- | --- |
| **7.1** | **Do you hold a valid category B driving Licence?** (please tick) | **Yes** | **No** |
|  |  |
| **7.2** | **Will you have access to your own transport during the summer bathing season?** (please tick) | **Yes** | **No** |
|  |  |
| **First Name:** |  | **Surname:** |  |

### Section 8 – Previous Employment as a Beach Lifeguard

Please give particulars below of your previous employment as a Beach Lifeguard over the last five years

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Name of Beach & Employer** | **Senior or Junior Lifeguard** | **Dates** | **Total Hours** |
| **2022** |  |  |  |  |
| **2021** |  |  |  |  |
| **2020** |  |  |  |  |
| **2019** |  |  |  |  |
| **2018** |  |  |  |  |
| ***Where your experience has been with another Local Authority or employer, you should submit a signed statement from each employer using format outlined in Appendix 1.***  |

### Section 9 – Previous Employment as a Pool Lifeguard

Please give particulars below of your previous employment as a Pool Lifeguard over the last five years

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Name of Pool & Employer** | **Senior or Junior Lifeguard** | **Dates** | **Total Hours** |
| **2022** |  |  |  |  |
| **2021** |  |  |  |  |
| **2020** |  |  |  |  |
| **2019** |  |  |  |  |
| **2018** |  |  |  |  |
| ***You must submit a signed statement from each employer using format outlined in Appendix 2.***  |

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** |  | **Surname:** |  |

### Section 10 – Pool Test

|  |  |  |  |
| --- | --- | --- | --- |
| **10.1** | **Have you attended a Water Safety Ireland Pool Test?** | **Yes** | **No** |
|  |  |
| **(a)** If you have or propose to complete the pool test in County Donegal – please give the date of the test: |
| **(b)** If you have or propose to complete the pool test in another county – please give name of the Local Authority overseeing the test and the date of same: |

### Section 11 – Interview

|  |  |  |  |
| --- | --- | --- | --- |
| **11.1** | **Will you be available to attend for interview on various dates (27 – 28 April 2023)?** | **Yes** | **No** |
|  |  |
| **11.2** | If you cannot attend an interview on either of these dates, please indicate why you will not be available.  |

### Section 12 – Uniform

Please indicate the size of uniform which you would require if successfully appointed to the Beach Lifeguard role.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Size** | **Hoodie** | **Shorts** | **T-Shirt** | **Tracksuit Trousers** | **Tracksuit Jacket** |
| Small |  |  |  |  |  |
| Medium |  |  |  |  |  |
| Large |  |  |  |  |  |
| X-Large |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** |  | **Surname:** |  |

### Section 13 – Beach Preference

Please indicate whether you wish to be considered for the following position(s).

Please note you may indicate a preference for one or more positions.

|  |  |  |
| --- | --- | --- |
| **Position** | **Yes** | **No** |
| Senior Lifeguard |  |  |
| Junior Lifeguard |  |  |
| Cover/Relief |  |  |
| All |  |  |

Below is a list of the Beaches on which it is proposed to employ Beach Lifeguards during the summer 2023. Please indicate in the PreferenceColumn, *in order of preference*, the beaches on which you would be willing to work, should your application be successful.

Please number your preference 1 – 10, with 1 as your preferred location.

|  |  |  |
| --- | --- | --- |
| Beach Location | **Preference** | **Reason for Preference** e.g.Proximity of beach to residence etc**.** |
| ***Bundoran*** |  |  |
| ***Rossnowlagh*** |  |  |
| ***Murvagh*** |  |  |
| ***Fintra (Killybegs)*** |  |  |
| ***Narin*** |  |  |
| ***An Charraig Fhinn (Carrickfinn) (Beside Airport)*** |  |  |
| ***Marblehill*** |  |  |
| ***Na Dúnaibh (Downings)*** |  |  |
| ***Magherawarden (Portsalon)*** |  |  |
| ***Rathmullan*** |  |  |
| ***Culdaff*** |  |  |
| ***Lisfannon (Fahan)*** |  |  |
| ***Shroove (Greencastle)*** |  |  |
| ***Trá na Cille (Killahoey) (Dunfanaghy)*** |  |  |
| ***Cover*** (Please tick if you have access to your own transport and are interested in providing cover on a number of beaches). |  |  |
| **I wish to be considered for all locations (tick)** |  |

Please note that the Council may not be in a position to facilitate all beach preference requests. If your application is successful, the Council will endeavour to place you in a location of your choice. However, the Council reserves the right to assign you to any area within the Council, from initial appointment, or in the future, at any point during your employment, subject to reasonable notice.

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** |  | **Surname:** |  |

|  |
| --- |
| Section 14 – References |
| Please provide the names of two responsible persons as referees to whom you are well known but *NOT* related. If you are currently employed, one of the referees should be a present employer. |
| Referee No. 1 - | Referee No. 2  |
| Name: | Name: |
| Address: | Address: |
| Contact number: | Contact number: |
| Email address: | Email address: |

|  |
| --- |
| Section 15 – Criminal Record |
| I declare that if I am in receipt of any criminal record/convictions/prosecutions at present or at any time during my employment with Donegal County Council it is my responsibility to bring this to the attention of the Human Resources Division without delay. **(Please tick to confirm)****N.B.** The National Vetting Bureau (Children and Vulnerable Persons) Act 2012 to 2016 (The Act) provides a legislative basis for, and a statutory obligation on Donegal County Council, as a relevant organization, to ensure that those persons who seek positions of employment relating to **relevant work or activities** are vetted**.** Disclosures received from the National Vetting Bureau in relation to offences of a sexual nature are not compatible with employment as a Beach Lifeguard. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** |  | **Surname:** |  |

|  |
| --- |
| Section 16 – Declaration & Consent  |
| **I, the applicant, in submitting this application, hereby declare all the foregoing particulars to be true. I also authorise Donegal County Council to conduct reference checks and qualification checks, as required.** |
| Name: |  |
| Date: |  |

|  |
| --- |
| Section 17 – Parent / Guardian Consent  |
| If the applicant is under 18 years of age **at the time of submitting this application**, Parent / Guardian Consent to apply for this competition is required, as follows:I hereby consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (applicant name) applying for the Donegal County Council Beach Lifeguard Panel (2023 Season) competition.Parent / Guardian Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent / Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Notes

***Applicants should read these notes and the Information for Candidates Booklet carefully before completing the application form.***

**Completion of the Application Form**

Before you return your application form, please ensure that you have completed all sections and that you have signed the declaration. It is the responsibility of candidates to establish their eligibility for the post through the information provided on the application form.

**Submission of Application Form & Accompanying Documents**

Completed application forms and accompanying documentation should be returned by post to the Recruitment Section at the below address:

**Human Resources Department**

**3 Rivers Centre**

**Lifford**

**Co. Donegal**

**F93 Y622**

The closing date for submission of completed applications is **12 Noon, Monday 20th March 2023**

Applicants must submit the following:

(a) Fully completed and signed copy of the application form.

(b) Valid Beach Lifeguard Certificate (original).

(c) Other qualifications (originals).

(d) Completed appendices 1 and 2, signed by the relevant employer(s), if applicable.

(e) Fully completed NVB1 Garda Vetting Invitation form (appendix 4) and NVB3 if applicant is under 18 years of age (appendix 5)

**Proof of receipt of Application Form**

It is the responsibility of candidates to ensure the proper delivery and receipt of their applications. It would be advisable to obtain a certificate of posting from your Post Office.

**Further Queries**

By email: vacancies@donegalcoco.ie

By telephone: 074 9172217

Important!

*Canvassing by or on behalf of the applicant will automatically disqualify.*

*Donegal County Council is an Equal Opportunities Employer*

|  |
| --- |
| Check List – Beach Lifeguard Competition  |
| **Before you return your application form, please ensure that you have checked and included the following with your application.**  |
| Indicate “Yes” with an X or insert “not applicable” as NA. | **X or NA** |
| I have enclosed a fully completed application form (Section 1 – 16)  |  |
| I have signed and dated the Declaration (Section 17) |  |
| My Parent / Guardian has completed Section 18 (if applicable) |  |
| I have submitted a Valid Beach Lifeguard Certificate (Original) |  |
| A relevant employer has completed and signed the Details of Beach Lifeguard Experience Form **(Included as Appendix 1)** |  |
| A relevant employer has completed and signed the Details of Pool Lifeguard Experience Form **(Included as Appendix 2)** |  |
| Vaccination Consent Form (**Included as Appendix 3**) |  |
| I have fully completed the NVB1 Garda Vetting invitation form (**Included as Appendix 4**) and a Parent/Guardian has fully completed NVB3 form if applicable **(Included at Appendix 5)** |  |
| Do you require any reasonable accommodations to participate in the Recruitment Process?(The Recruitment Process may include a Pool Test and a Virtual Interview). |  |

|  |
| --- |
| Reasonable Accommodation |
| Please tick as appropriate |  |
| Do you require any reasonable accommodations to participate in the Recruitment Process?(The Recruitment Process may include a Pool Test and a Virtual Interview). |  |

**DONEGAL COUNTY COUNCIL**

**Beach Lifeguard Application Form 2023 – Appendix 1**

**Details of Beach Lifeguard Experience**

1. **Name in full (Block Letters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Address (Block Letters)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Declaration**

I wish to confirm that the above named candidate worked as ***Beach Lifeguard*** at the below locations and for the periods shown. I also confirm that his/her performance as a Beach Lifeguard was satisfactory.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Date From** | **Date** **To** | **Name of Beach/ Local Authority** | **Total HOURS Worked** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Name (BLOCK CAPITALS):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position Held:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Organisation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Or Company**

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Tel No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DONEGAL COUNTY COUNCIL**

**Beach Lifeguard Application Form 2023 – Appendix 2**

**Details of Pool Lifeguard Experience**

**1. Name in full (Block Letters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Address (Block Letters)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Declaration**

I wish to confirm that the above named candidate worked as ***Pool Lifeguard*** at the premises and for the periods shown below. I also confirm that his/her performance as a Pool Lifeguard was satisfactory.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Date From** | **Date** **To** | **Name of Premises/Swimming Pool** | **Total HOURS Worked** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Name (BLOCK CAPITALS):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position Held:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Organisation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Or Company**

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Tel No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX 3**

**DONEGAL COUNTY COUNCIL**

**Vaccination Consent Form**

Donegal County Council Vaccination Programme:

Tetanus, Hepatitis A and Hepatitis B

Please complete the following:

**Name (please print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I wish to receive a vaccination(s) (please tick)**

Please return this form together with your completed Beach Lifeguard Application Form to :

***Human Resources Department, Donegal County Council,***

***Three Rivers Centre, Lifford, Co. Donegal, F93 Y622***

**Signed:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix 4**



**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. |
| The Form should be completed in ball point pen. |
| Photocopies will not be accepted. |
| **All applicants will be required to provide documents to validate their identity *(e.g. a copy of your Driver’s Licence or Passport).*** |
| If the applicant is under 18 years of age, a completed NVB 3 - Parent\Guardian Consent Form will be required. Please note that where the applicant is under 18 years of age the electronic correspondence will issue to the Parent\Guardian. This being the case, the applicant must provide their Parent\Guardian Email address on the NVB 1 form. |
|  |
| **Personal Details** |
| Insert details for each field, allowing one block letter per box. |
| For Date of Birth field, allow one digit per box. |
| Please fill in your Email Address, allowing one character/symbol per box. This is required as the invitation to the e-vetting website will be sent to this address. |
| Please allow one digit per box for your contact number. |
| 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. |
|  |
| **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.** |

**Note** : Please return the vetting form to the above named organisation. An invitation to the e-vetting website will then be sent to your email address.

|  |  |  |
| --- | --- | --- |
| **Please return completed** **vetting invitation to:**Garda Vetting SectionHuman Resources, DCC3 Rivers CentreLiffordCo. Donegal. |  | **Your Ref:** |
|  |
|  |
|  | **Form NVB 1**  |  |
|  | **Vetting Invitation****Section 1 – Personal Information**  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Forename(s):** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Middle Name:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Surname:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date Of Birth:** | **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:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**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 2 – Additional Information**

|  |  |
| --- | --- |
| **Name Of Organisation:** |  |
|  |
| **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** |
|  |

|  |
| --- |
|  |

## Donegal Co Co Logo landscape compressed

## APPENDIX 5 - AN GARDA SÍOCHÁNA NATIONAL VETTING BUREAU

**PARENT/GUARDIAN CONSENT FORM (NVB 3)**

 **Applicant Details**

**Forename(s):**

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**Surname: Date Of Birth:**

##  Parent/Guardian Details

### Under Sec 26(b) of the National Vetting Bureau (Children and Vulnerable Prsons) Acts 2012 to 2016, it is an offence to make a false statement for the purpose of obtaining a vetting disclosure.

**Forename(s):**

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|  |  | **Mother:** |  | **Guardian:** |  |

**Surname:**

**Relationship to applicant: Father:**

**Address: Line 1:**

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**Line 2:**

**Line 3:**

**Line 4:**

**Line 5:**

**Eircode/Postcode:**

##  Parent/Guardian Consent

I, the Parent/Guardian of the above-named applicant, consent for the National Vetting Bureau to conduct vetting in respect of the

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent / Guardian E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_