FAI Proof of Identification for Garda Vetting

Page 1

Before we can process your Garda Vetting Form, it is a Garda Vetting requirement that you complete an Identification Check. This form <u>must</u> be signed by an Authorised person in Section 2. This form along with <u>copies of your ID</u> and your fully completed Garda Vetting form should be sent to Child Welfare in the Football Association of Ireland.

| Section 1 (to be complete | ed by Applicant) ALL FIELDS ARE MANDATORY - FORM WILL BE RETURNED IF INCOMPLETE |
|--|--|
| Identification Details (to be | e verified by an Authorised Person) |
| Full Name: | |
| Current Address: | |
| Date of Birth: | |
| Email: | Phone No: |
| Role or Position, being Vet | ted for: |
| Club: | |
| League: | |
| National Body and/or Prov | rincial Association: |
| Section 2 (to be signed b | y an Authorised Person) |
| provided by the applicant to m Vetting. I have informed the a | the applicant in the attached Garda Vetting application form against the original documents ne. I have marked these on page 2 and I confirm that this is the person applying for Garda pplicant that this information will be passed to the FAI and they have agreed to share their FAI and appropriate, relevant organisations. |
| Name: | Siobhan Egan |
| Signed: | 5 Egan |
| Role (See section 3): | Club Secretary |
| Club (if applicable): | Abbeyside AFC |
| League (if applicable): | Waterford and District Junior League |
| National Body (if applicabl | e): |
| Provincial Association (if a | pplicable): |
| Section 3 (gather your o | riginal documents to a minimum value of 100 points, see list overleaf) |
| The following Authorised Per | rsons may verify applicant's identification and sign this form: |

- Chairman (Designated Child Welfare Officer)
- Children's Officer (Designated Liason Officer)
- Secretary
- FAI Staff
- If not a member of the FAI, the Authorised person may be one of the following: Garda | School Principal | Doctor | Solicitor | Barrister | Commissioner for Oaths

ORIGINAL ID PROOFING MUST BE VERIFIED, IN PERSON, BY AN AUTHORISED PERSON

WARNING: It is an offence to knowingly make a false statement for the purpose of obtaining, or enabling another person to obtain a Disclosure.

List of Acceptable Documents (100 points minimum required)

| Identification Document | Points | Please Tick |
|---|--------|----------------|
| Irish Driving Licence | 80 | |
| Irish Public Services Card | 80 | |
| Passport (from country of citizenship) | 70 | |
| Irish Certificate of Naturalisation | 50 | |
| Birth Certificate | 50 | |
| Garda National Immigration Bureau (GNIB) Card | 50 | |
| National Identity Card for EU EEA Swiss Citizens | 50 | |
| Irish Driving Licence or Learner Permit (old paper format) | 40 | |
| Employment ID | | |
| ID card issued by Employer (with name and address) | 35 | |
| ID card issued by Employer (name only) | 25 | |
| Letter from Employer (within last two years) | | |
| Confirming Name and Address | 35 | |
| P60 P45 or Payslip (with home address) | 35 | |
| Utility bill e.g. gas, electricity, television, broadband (must not be less than 6 months old. Printed online bills are acceptable. Mobile phone bills are not acceptable) | 35 | |
| Public Services Card Social Services Card Medical Card | 25 | |
| With Photograph | 40 | |
| Bank/Building Society/Credit Union Statement | 35 | |
| Credit Debit Cards Passbooks (only one per institution) | 25 | |
| National Age Card (issued by An Garda Siochana) | 25 | |
| Membership Card | | |
| Club, Union or Trade, Professional Bodies | 25 | |
| Educational Institution | 25 | |
| Correspondence | | |
| From an Educational Institution SUSI CAO | 20 | |
| From an Insurance Company regarding an active policy | 20 | |
| From a Bank/Credit Union or Government Body or State Agency | 20 | |
| CHILDREN UNDER 18 YEARS (any one of the following) | | |
| Passport (from country of citizenship) | 100 | |
| Birth Certificate | 100 | |
| Written statement by the Principal confirming attendance at educational institution on a letter head of that institution | 100 | |
| RECENT ARRIVAL IN IRELAND (less than 6 weeks) | | |
| Passport | 100 | |
| Vetting Subject is unable to achieve 100 points** | | |
| Affidavit witnessed by a Commissioner for Oaths | 100 | |
| TOTAL POINTS | | |



AN GARDA SÍOCHÁNA



NATIONAL VETTING BUREAU

Guidelines for completing Vetting Form (NVB 2)

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.

If the applicant is under 18 years of age, a completed NVB 3 - Parent\Guardian Consent Form will be required.

Section 1 Personal Details

Insert details for each field, allowing one block letter per box.

For Date of Birth field, allow one digit per box.

For Gender field please tick the appropriate box.

Please provide changes of names, if any, from birth i.e. name change due to marriage, deed poll, adoption.

For Place of Birth, please state County/State of birth as this is a mandatory field.

Please state Country Of Birth as this is a mandatory field.

Please state your Passport Number where applicable.

Please state your Mother's Maiden Name as stated on your birth certificate.

Any fields not applicable to the applicant should be marked "N/A".

Section 2 Addresses

Please enter all your previous addresses in chronological order.

The address fields should be completed in full, including Eircode/Postcode. No abbreviations.

Insure that all years from birth to present are included.

Allow one letter per box and an empty box between words.

For the "Years From" and "Years To", please specify the year only e.g.

1 9 6 3

It is permitted to have more than one address in any given year.

Section 3 Self Disclosed Criminal Record

Criminal record means a record of the person's convictions whether within or outside the state for any criminal offence together with any ancillary or consequential orders made pursuant to the convictions concerned or a record of any prosecutions pending against the person whether within or outside the state for any criminal offences or both.

A person shall not be obliged to provide details of any convictions to which Section 14A of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016 applies.

Section 4 Liaison Person

This section is not to be filled out by the applicant.

Section 5 Declaration of Consent

The applicant must confirm their understanding and acceptance of the statement by ticking the appropriate box where indicated. The date must be the present date of signing.

Section 6 Additional Addresses

See guidelines for Section 2 Addresses.

Application valid on the commencement of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

Vetting Form NVB 2

AN GARDA SÍOCHÁNA

Organisation Address:

STORING STORIN

NATIONAL VETTING BUREAU

Your Ref No:

| Football Association of National Sports Campu Abbotstown Dublin 15 | | ind I | FAI | | | | | | F | A | I | 0 | 0 1 |] - | N | /B F | Refe | renc | e N | 0: |] - | | _ _ | | |
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| Note To Applican Return this form to Do not send this for Under Sec 26(b) o make a false stater | the a orm to | the Natio | National ' | onal Vetti | Veti | ting Burea | Bure au (C | eau Chil | dren | and | Vul | nera | ble l | | ons) | Acts | s 20 | 12 to | o 20 | 16, i | t is a | ın of | fenc | e to | |
| Section 1 – Person | (to be completed by Applicant) | | | | | | | | | | | | | | | | | | | | | | | | |
| Forename(s): | | | | | | | | | | | | | | | | | | | | | | | | | |
| Middle Name(s): | | | | | | | | 1 | | | | | | | | | | | | | | | | | |
| Surname: | Т | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender: M | lale: | | Fer | male | : | | | | | | | | | | | | | | | | | | | | |
| Is your Name at Birth the same as above? Yes: No: If No, please provide details: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Forename(s): | T | Π | | | | | | | | | | | | | | | | | | | | | | П | |
| Middle Name(s): | T | | | | | | | | | | | | | | | | | | | | | | П | \exists | |
| Surname: | T | | | | | | | | | | | | | | | | | | | | | | | | |
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| Place of Birth: | T | | | | <u> </u> | | | | | | | | | | | | | | | | | | | | |
| Country Of Birth: | | T | | | | | | | | | | | | | | | | | | | | | | | |
| Passport No: | + | T | | | | | | | T | | | | | | | | | | Г | | | | | \exists | |
| Mother's Maiden Nan | ne: | T | T | | | | | | \vdash | | | | | | | | | | | | | | П | \neg | |
| Current Address: | | V | ear F | rom: | v | Y | v | v | i | | | Υe | ar T | `o: | P | RES | SEN | T | 1 | | Barrenson et al | | | | |
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| Also known as: | _ | _ | _ | T | T | Т | _ | Т | Т | _ | _ | | Т | T | _ | | _ | Ī | Т | Т | $\overline{}$ | Г | | | |
| Name/Alias: | 1 | 1 | 1 | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | | 1 | 1 | 1 | | | | 1 | 1 | 1 | 1 | 1 | 1 1 | |

Please enter all your previous addresses in chronological order. Please enter your full postal address. Year From: Line 1: Line 2: Year To: Line 3: Line 4: Line 5: Eircode/Postcode: Year From: Line 1: Line 2: Year To: Line 3: Line 4: Line 5: Eircode/Postcode: Year From: Line 1: Line 2: Year To: Line 3: Line 4: Line 5: Eircode/Postcode: Year From: Line 1: Line 2: Year To: Line 3: Line 4: Line 5: Eircode/Postcode: Year From: Line 1: Line 2: Year To: Line 3: Line 4: Line 5: Eircode/Postcode:

For additional addresses, refer to Section 6. If used, please tick here

| Section 3 – | Section 3 – Self Disclosed Criminal Record | | | | | | | | | | | | | | | (to be completed by Applicant) | | | | | | | | | | | |
|---|---|-------|-----------------|--------|-----|------|------|------|------|-------|-----|------|-----|-------|--|--------------------------------|-------|-------|------|------|------|------|-------|------|----------------|-----|------------|
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| Liaison | Reg No: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | The applicant has provided documentation to validate their identity in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016. Please tick box | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Section 5 – | Declara | itio | n O | of C | on: | sen | t | | | | | | | | | | (t | o b | e co | m | plet | ted | by | App | plic | ant | :) |
| I consent to to the Liaiso Acts 2012 to | n Person | ı puı | rsua | int to | Se | ecti | | | | | | | | | | | | | | | | | | | | | |
| Applicant Si | ignature: | | | | | | | | | | | | | | Dat | ۵. ا | D | D | , | М | M | 1, | v | Īv | T _x | / X | 7 |

| Section 6- | – Ad | dit | ion | al A | Add | res | ses | | | | | | | | | | | (to | be | coı | mp | lete | d by Applicant) |
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