(AFL/GV 01)



PRESBYTERIAN CHURCH IN IRELAND APPLICATION FORM FOR LEADERS																										
Name of																										
Congregation	Lucan Presbyterian Church																									
Name of Organisation	Summerfest																									
Position applied				-																						
for	Leader																									
Is this a paid position?			`	Ye:	S					No																
Forename(s)																										
Middle Name																										
Surname																										
Current Address																										
																				_		_	_	<u> </u>		
																				<u> </u>	<u> </u>	_		\perp		
Eircode/Postcode																										
Date of Birth			/			/						1	ı		1	ı		ı	ı							
Email Address																										
Contact Number																										
Have you had treatment for any illness during the past five years which may						Yes																				
nave a bearing on your			ability to work with children and young people?											No												
If Yes, please specify																										
Is there any reason that you cannot take up a position which involves having				Yes																						
access to, or contact with, children or vulnerable adults?					[
Under Section 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.																										
Please be aware that a criminal record will not necessarily prevent applicants from gaining a position.																										
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.																										
Signature of Applicant																										
Date of signature				/			/	2	0																	



(AFL/GV 01)



Describe your reasons for taking up this position.										
To help our church to provide a Holiday Bible Club for children of our church and locality										
Give details of previous experience of working with children /young people /vulnerable adults.										
Have you attended Taking Care Training within the last three years? No Taking Care Training within the last three years?										
1 st Referee	Name									
	Address									
	Phone/Email									
2 nd Referee	Name									
	Address									
	Phone/Email									
Interviewed by	Name									
	Position									
	Name									
	Position									
Date of Interview										
Session Decision	Approved									
	Not Approved									
	Deferred									
Reason for Decision										
Signature of Session Member										
Date										





VERIFY IDENTITY – 100 POINT CHE	СК	
IDENTIFICATION	SCORE	TICK
Irish Driving Licence or Learner Permit (new credit card format)	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 2 years)		
Confirming name and address	35	
P60, P45 or Payslip (with home address)	35	
Utility Bill e.g. gas, electricity, television, broadband	35	
Public Services Card / Social Services Card / Medical Card	25	
with photograph	40	
Bank / Building Society / Credit Union statement	35	
Credit Cards / Debit Cards / Passbooks (only 1 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 (any 1 of the following)		
Birth Certificate	100	
Passport	100	
Written statement by a Principal confirming attendance at an educational institution on a letterhead 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 =	





Identity validation (To be completed by Designated Person / Minister / Other)							
Applicant details as they appear on the ID documentation provided:							
Full name:							
Date of Birth:							
Current Postcode:							
I confirm I have	seen the original ID documentation as indicated on the previous sheet						
Date of ID check:							
Signed:							
Position e.g. Minister:							
Name (Capitals):							

ONCE <u>ALL</u> SECTIONS HAVE BEEN COMPLETED

This form should be returned to:
TAKING CARE OFFICE
ASSEMBLY BUILDINGS
2-10 FISHERWICK PLACE
BELFAST
BT1 6DW

An invitation to the e-vetting website will then be sent to the applicant's email address

