



**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**

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

**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:

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**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**

