



**Irish Amateur Wrestling Association Ltd.
Garda Vetting Information
Checklist & Verification Form**

IW-103

Please complete this form in clear block capitals, attach it with your Garda Vetting Application Form and post it with the €10 fee to the address at the bottom of page 2

Please make sure that you follow the instructions below to ensure that you have completed the process properly. You must read the Irish Amateur Wrestling Association Garda Vetting Policy and Procedure, so that you are aware and understand the Garda Vetting Process.

This is a 7-page application, please fill out all sections and return all 7 pages to the address at the bottom of page 2

PAGE 1

YOU MUST BE A CURRENT REGISTERED MEMBER OF THE IRISH AMATEUR WRESTLING ASSOCIATION

Page 1 is to be filled out by you and verified and signed by your club Chairperson or Garda Vetting Liaison Officer

Your IAWA Membership
Number

Completion of the Garda Vetting Application Form:

- 1) Please complete the form in BLOCK CAPITAL LETTERS, if we cannot read your writing your form will be returned.
- 2) Ensure that all details and sections are filled in. If a box is not relevant to you, you must put in N/A (Not Applicable)
- 3) Declaration of Applicant: Place in the title your position, Coach, Instructor, Trainee Instructor, Child Liaison Officer, Volunteer, Junior Officer etc. then sign it and also print your name in BLOCK CAPITALS below your signature.
- 4) Please fill in the Identification form section below which must be verified by your Club Secretary (Liaison Officer) or responsible Person (if you are not in a club) and returned with your Garda Vetting form.
- 5) The Verification form is to be signed in front of your Club Garda Vetting Liaison Officer or Responsible Person

Identification Form for verification of the Applicant.

Applicants Full Name: _____ Previous Surname _____

Current Address: _____ Phone No _____

Date of Birth _____

VERIFICATION SECTION: To be completed by Club Chairperson/ Your Club Garda Vetting Liaison Officer or Designated Person or Responsible Person (If not in a Club) Responsible person = Garda / Principal/ Manager/ Doctor/Solicitor

Type of Identification seen: (PLEASE CIRCLE)

Drivers Licence

Passport & Recent Utility Bill

Verification Clarification: Date Issuing State/ Country of Identification: _____

Signed: _____ Date: _____

Print Name: _____ Position: _____

Notes for person verifying identification:

You should only sign the form if you are confident that the information verifies the identification of the person.

Identification may be confirmed with ONE of the following documents: Drivers Licence or Passport with photograph with a Utility Bill with name and address as given above



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Page 2

PAGE 2. 3 and 4 to be completed by you

Your Name _____

Your Address _____

Your Contact Number _____

Your Email Address _____

Your Date of Birth _____

Your Clubs Name _____

Your Clubs Full Address _____

What County is your Club in _____

The Position you have applied for within your Club: _____

Please circle following - Payment €10 attached Y / N

Your Gender - Male / Female

Please do not send cash by post, Cheques and Postal orders should be made payable to Irish Amateur Wrestling Association

Tips on completing the Garda Vetting form

- Alias is the name you are known if not using your birth name
- Place / City of Origin is where you were born
- ALL addresses must be completed with no break in the years
- You must indicate if you have been convicted of an offence
- You must complete the position in IAWA i.e Coach, Referee etc.,
- Sign and date the form
- Line Manager is someone in your club who knows you and
- The Location is your Club Name

Please return page 1 and 2 and your completed Garda Vetting Application Form
with €10 payment **WITH EACH INDIVIDUALS FORM** to
IAWA Garda Vetting Unit
Beacon Point Castletown Athboy
Co. Meath



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
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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.

(to be completed by Applicant)

Line 1:

[illegible][illegible]

Y	Y	Y	Y
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Y	Y	Y	Y
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[illegible][illegible]

Y	Y	Y	Y
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Y	Y	Y	Y
---	---	---	---

[illegible][illegible]

Y	Y	Y	Y
---	---	---	---

Y	Y	Y	Y
---	---	---	---

[illegible][illegible]

Y	Y	Y	Y
---	---	---	---

Y	Y	Y	Y
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[illegible][illegible]

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

(to be completed by Applicant)

[illegible]

(to be completed by Liaison Person)

[illegible]

(to be completed by Applicant)

D	D	/	M	M	/	Y	Y	Y	Y
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Section 6– Additional Addresses (to be completed by Applicant)

Section 6– Additional Addresses (to be completed by Applicant)

Year From:

Y	Y	Y	Y
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Year To:

Y	Y	Y	Y
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Year From:

Y	Y	Y	Y
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 Year To:

Y	Y	Y	Y
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Year From:

Y	Y	Y	Y
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Year To:

Y	Y	Y	Y
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Year From:

Y	Y	Y	Y
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Year To:

Y	Y	Y	Y
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Year From:

Y	Y	Y	Y
---	---	---	---

 Year To:

Y	Y	Y	Y
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If this page does not allow enough space for addresses, please copy this page and number it below:

Page Of

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