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| **PRESBYTERIAN CHURCH IN IRELAND****APPLICATION FORM FOR LEADERS** |
| Name of Congregation |  |
| Name of Organisation |  |
| Position applied for |  |
| Is this a paid position? |  YesNo |
| Forename(s) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Middle Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surname |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Current Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Eircode/Postcode |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of Birth |  |  | **/** |  |  | **/** |  |  |  |  |  |
| Email Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Contact Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Have you had treatment for any illness during the past five years which may have a bearing on your ability to work with children and young people?  | Yes |  |
| No |  |
| *If Yes, please specify* |  |
| Is there any reason that you cannot take up a position which involves having access to, or contact with, children or vulnerable adults? | Yes |  |
| No |  |
| 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.  | Please Tick |  |
|  |  |
| Signature of Applicant |   |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of signature |  |  | **/** |  |  | **/** | **2** | **0** |  |  |  |
| Describe your reasons for taking up this position. |
|  |
| 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 |  | Yes |  |
| 1st Referee | Name |  |
| Address |  |
| Phone/Email |  |
| 2nd 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 |  |

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| **VERIFY IDENTITY – 100 POINT CHECK** |
| **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)**

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| **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*** |
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| --- | --- |
| Date of ID check: | ………………………………………………………………………. |
| Signed: | ………………………………………………………………………. |
| Position e.g. Minister: | ………………………………………………………………………. |
| Name (Capitals): | ………………………………………………………………………. |

**.Verify**  |

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| **ONCE ALL SECTIONS HAVE BEEN COMPLETED**This form should be returned to: TAKING CARE OFFICE ASSEMBLY BUILDINGS2-10 FISHERWICK PLACEBELFAST BT1 6DWAn invitation to the e-vetting website will then be sent to the applicant’s email address |