

# DSPCA NEW VOLUNTEER REGISTRATION ELECTRONIC VETTING INVITER FORM



Please print this form and complete by hand.

**(Minimum Age 16 Years)**

UNDER SEC 26 (b) OF THE NATIONAL VETTING BUREAU (CHILDREN AND VULNERABLE PERSONS) ACT 2012, IT IS AN OFFENCE TO MAKE A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING A VETTING DISCLOSURE.																																															
First Name																																															
Middle Name																																															
Lastname:																																															
Addr Line 1:																																															
Addr Line 2:																																															
Addr Line 3:																																															
County:																																															
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Contact number																																															
Email Address:																																															
Confirm Email																																															
Date of Birth:	D	D	/	M	M	/	Y	E	A	R																																					
Next Of Kin																																															
Relationship to Applicant																																															
Next of Kin Contact Number																																															
Any Allergies, Illness or Physical difficulties which might affect your volunteering Please Give Details																																															
Job/Volunteer Role being vetted for:	A	N	I	M	A	L	S	H	E	L	T	E	R	&	C	H	I	L	D	R	E	N	S	P	R	O	G	R	A	M	-	E	V	E	N	T	S	V	O	L	U	N	T	E	E	R	S

**\* IF THE APPLICANT IS UNDER 18. THE EMAIL ADDRESS USED MUST BE THAT OF THE PARENT OR GUARDIAN THAT SIGNED VETTING PERMISSION**

Applicant's Signature  Date  /  /

I have provided documentation to validate my identity as required and I consent to making this application in accordance with Section 13 (4)(e) National Vetting Bureau (Children and Vulnerable persons) Act 2012. I am aware that an invitation to the online vetting website will issue to my email address and that I must act on it within 30 days  Tick to confirm

I consent to the DSPCA\* contacting me about their Organised Events, Activities and Services. \* DSPCA refers to the Dublin Society for Prevention of Cruelty to Animals Incorporated and its wholly owned subsidiary DSPCA Animal Shelter Limited. Please check the website [www.dspca.ie](http://www.dspca.ie) for our Data Protection Privacy Statement.  Tick to confirm

Have you an up to date Tetanus vaccination?  Yes  No (Please Tick)

What area in the DSPCA shelter/Pet Hotel would you like to voluteer? (You can tick more than one area)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Cattery               | <input type="checkbox"/> Education      | <input type="checkbox"/> Pet Boarding - Cats |
| <input type="checkbox"/> PIU (Cat Recovery)    | <input type="checkbox"/> Events         | <input type="checkbox"/> Pet Boarding - Dogs |
| <input type="checkbox"/> Dog Rehoming Kennels  | <input type="checkbox"/> Administration | <input type="checkbox"/> Grounds Maintenance |
| <input type="checkbox"/> Dog Treatment Kennels | <input type="checkbox"/> Fundraising    |  |

## DSPCA Volunteer Registration/Garda Vetting - €30

The payment can be made on-site when providing your 2 forms of ID and returning this form. This is a once off payment & includes Garda vetting fee, volunteer hi-vis vest, ID badge and 10% discount at the DSPCA on-site shop.

**See page 2**



# GARDA VETTING PARENT/GUARDIAN CONSENT FORM

**FOR UNDER 18 YEARS**

## APPLICANTS DETAILS

Forename(s):																			
Surname																			
Date of Birth	D	D	/	M	M	/	Y	Y	Y	Y									

## PARENT/GUARDIAN DETAILS

Under Sec 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

Forname(s):																			
Surname																			
Parent/guardian email																			
Parent/guardian Contact Number																			
Relationship to Applicant:	<b>MOTHER</b>				<input type="checkbox"/>	<b>FATHER</b>				<input type="checkbox"/>	<b>GUARDIAN</b>				<input type="checkbox"/>				
ADDRESS 1																			
ADDRESS 1																			
ADDRESS 1																			
COUNTY																			
EIRCODE																			

I, being the Parent/Guardian of the above named applicant, consent for the National Vetting Bureau to conduct vetting in respect of the above named applicant in accordance with the (Children and Vulnerable Persons) Acts 2012 to 2016.

Signed

## APPLICATION CHECK LIST (Minimum Age 16 Years)

- |  |  |  |
|--|--|--|
| <b>HAVE YOU PRESENTED YOUR ID WITH APPLICATION AT THE DSPCA?</b> | AT LEAST <b>TWO PIECES</b> OF IDENTIFICATION MUST ACCOMPANY ANY APPLICATION. THE ORIGINAL DOCUMENT MUST BE PRESENTED WITH THE APPLICATION. WE WILL THEN COPY IT AND GIVE IT BACK TO YOU. <b>ACCEPTABLE ID ARE LISTED ON</b> <a href="http://www.dspca.ie/volunteer">www.dspca.ie/volunteer</a> | <input type="checkbox"/>   |
| <b>IS THE FOLLOWING INFORMATION COMPLETE AND CORRECT</b>         | <b>DATE OF BIRTH</b> <input type="checkbox"/>  | <b>EMAIL</b> <input type="checkbox"/>  |
|  | <b>PROOF of ADDRESS</b> <input type="checkbox"/>   | <b>PHOTO ID</b> <input type="checkbox"/> (1 must be Photo)                           |
|  | <b>HAVE YOU PAID €5.00 FOR YOUR GARDA VETTING?</b>   | WE ARE CHARGED €5 FOR EVERY APPLICATION WE SUBMIT FOR VETTING. THIS IS WHY WE CHARGE |
| <b>HAVE YOU ORDERED ANY DSPCA UNIFORM?</b>                       | WE ASK YOU PURCHASE AT LEAST <b>1 PIECE</b> OF VOLUNTEER UNIFORM. THERE ARE DETAILS OF UNIFORM AND PRICES @ THE ORIENTATION  | <input type="checkbox"/>   |
| <b>(UNDER 18 ONLY) PARENTS/GUARDIAN EMAIL ADDRESS</b>            | HAVE YOU PUT YOUR PARENT/GUARDIANS EMAIL ADDRESS ON FORM (REQUIRE BY GARDA VETTING)?   | <input type="checkbox"/>   |
| <b>(UNDER 18 ONLY) PARENT/GUARDIAN PERMISSION</b>                | UNDER 18 CANNOT BE GARDA VETTED WITHOUT HAVING A SIGNED AND COMPLETED GARDA VETTING PARENTAL CONSENT FORM.WE CANNOT PROCEED WITH AN APPLICATION UNTIL THIS FORM IS COMPLETE.   | <input type="checkbox"/>   |

### TETANUS INJECTION

**THE DSPCA HIGHLY RECOMMENDS THAT ALL STAFF AND VOLUNTEERS HAVE AN UP TO DATE TETANUS INJECTION (PLEASE CHECK YOUR RECORDS)**

A discounted Rate for the Tetanus Vaccination has been arranged with a local Doctors Surgery. As DSPCA supporters they will supply & vaccinate you for only €20.

Contact: Dr Eleanor Galvin & Dr Ronan Donohoe  
 Address: Rosemount Shopping Centre, Marian Rd, Rathfarnham  
 Phone: 01 – 4946369  
 Email: [www.familydoctors.ie](http://www.familydoctors.ie)

Rachel Byrne (Practice Manger)  
 Grange Road Family Practice  
 Unit 3B Grange Road Retail Park Rathfarnham  
 01 – 4957758  
[www.grangeroadfamilypractice.com](http://www.grangeroadfamilypractice.com)