





# 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

Forename(s):			
Surname			
Relationship to Applicant:	MOTHER	<input type="checkbox"/>	FATHER
		<input type="checkbox"/>	GUARDIAN
		<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 \_\_\_\_\_  
(Father / Mother / Guardian)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## APPLICATION CHECK LIST (Minimum Age 16 Years)

- |   |  |                          |
|---|--|--------------------------|
| HAVE YOU PRESENTED YOUR ID WITH APPLICATION AT THE DSPCA? | 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"/> |
| IS THE FOLLOWING INFORMATION COMPLETE AND CORRECT         | DATE OF BIRTH <input type="checkbox"/> EMAIL <input type="checkbox"/>  |                          |
|   | PROOF of ADDRESS <input type="checkbox"/> PHOTO ID <input type="checkbox"/> (1 must be Photo)  |                          |
| HAVE YOU PAID €5.00 FOR YOUR GARDA VETTING?               | WE ARE CHARGED €5 FOR EVERY APPLICATION WE SUBMIT FOR VETTING. THIS IS WHY WE CHARGE   | <input type="checkbox"/> |
| HAVE YOU ORDERED ANY DSPCA UNIFORM?                       | 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)