

Form NVB 1

Vetting Invitation

Section 1 – Personal Information

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): S N E H A M O L J O S E P H

Middle Name:

Surname: K U R I A N

Date of Birth: 2 4 / 1 0 / 2 0 0 0

Email Address: (16-18 Parent Email) S n e h a a n n j @ g m a i l . c o m

Contact Number: 0 8 9 2 0 1 8 8 2 2

Role Being Vetted For: H E A L T H C A R E A S S I S T A N T

Current Address:

Line 1: 7 6 S A R S F I E L D S Q U A R E A T H L O

Line 2: N E

Line 3:

Line 4:

Line 5:

Eircode/Postcode: N 3 7 X S 1 6

Section 2 – Additional Information

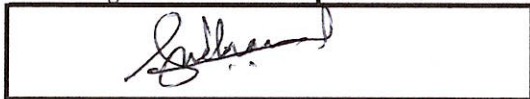
Name of Employer & Nursing Home:

SONAS NURSING HOME

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 box ←

I understand that this vetting invitation will be processed to and from the NVB by The Alliance – Supporting Nursing Homes.

Applicant's Signature:



Date: 3 0 / 1 0 / 2 0 2 5

Guidelines for completing Vetting Invitation Form (NVB 1)

Please read the following guidelines before completing this form:

- The Form must be completed in full using **BLOCK CAPITALS** and writing must be clear and legible, including email address.
- The Form should be completed in black ball point pen.
- **Original Form (consent) should be kept by the Nursing Home - Clear copy scanned to The Alliance**
- All applicants will be required to provide their Nursing Home with documents to validate their identity (Nursing home to keep copies on file)
- For applicants 16-18 years of age, a completed NVB 3 - Parent\Guardian Consent Form will be required (applicants under 16 years cannot be vetted).
- Email address for forms for 16-18 year olds should be Parent/Guardians email address
- Leave Alliance Ref: blank

Section 1 - Personal Details - Applicant

- Insert details for each field, allowing one block letter per box.
- For Date of Birth field, allow one digit per box, dd/mm/yyyy
- Email Address is Applicants Email Address (unless 16-18) allowing one character/symbol per box. Invitation link to the e-vetting website will be sent to this address and be required to log in.
- Please allow one digit per box for your contact number.
- The Current Address means the address you are now living at.
- The address fields should be completed in full, including Eircode/Postcode. No abbreviations allowed.

Role Being Vetted For: The role being applied for must be clearly stated. Generic terms such as "Volunteer", "Multitask Assistant", "Work Experience" will not suffice. e.g.

- | | |
|----------------------------|------------------------------|
| • Nurse – (All grades) | • Proprietors / Manager |
| • HCA – Carers | • Administration (All Types) |
| • Activity Co-Ordinator | • Clergy |
| • Catering | • Domestic |
| • Therapists – (All types) | • Maintenance |
| • Driver | • Care of the Elderly |

Section 2 – Additional Information

Employer & Nursing Home Name: The Name of the Employer who directs the persons work and Nursing Home where the applicant will work.

Declaration of Application The applicant must confirm their understanding and acceptance of the two statements by signing the application form at **Section 2 and ticking the box provided**.

Date: Is todays date

Identity Validation Form

To be completed by Nursing Home

The Identity Document Validation Form section of this form must be completed by the person validating your identity and proof of address documents from the organisation listed in Section 2.

Person in the Nursing Home who validates the Identity must complete this section.



Vetting Identity Validation Declaration

APPLICANT'S NAME	Snehamol Joseph
DATE OF BIRTH	24/10/2000

When conducting Garda Vetting, nursing homes should require vetting subjects to present identification totalling 100 points to ensure they are checking the correct person. The 100 points reached must include at least one form of photographic evidence, proof of date of birth and proof of address. This form must be kept on the applicants file, by the nursing home, along with the original NVB1 completed by the applicant and the disclosure from the NVB.

Identification	Points	Score
Irish driving licence or learning permit (new credit card format)	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 two years)		
Confirming name and address	35	
P60, P45 or Payslip (with home address)	35	
Utility bill e.g. gas, electricity, television, broadband (must be less than 6 months old. Printed online bills are acceptable. Mobile phone bills are not acceptable)	35	
Social services card/medical card	25	✓
With photograph	40	
Bank/Building Society/Credit Union statement	35	
Credit/debit cards/passbooks (only one per institution)	25	
Nationalage card (issued by An Garda Síochána)	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	
16-18 years old (any one of the following) (Must also get Parental Consent on form NVB3)		
Birth Certificate	100	
Passport	100	
Written statement by the Principal confirming attendance at educational institution on a letter head of that institution.	100	
Recent arrival in Ireland (less than 6 weeks)		
Passport (Plus police clearance/vetting from country of origin)	100	
Vetting Subject is unable to achieve 100 points		
Affidavit witnessed by a Commissioner for Oaths	100	
TOTAL		

- I confirm that I have validated the above applicant's identity using the original documents ticked above and these documents meet or exceed the 100 Point Criteria.
- I have kept copies of these documents on file and these will be accessible in the event of an audit.

SIGNED NAME	Deirdre TERNAN
POSITION	PIC
DATE	30/10/25
NURSING HOME	Soras, Athlone.

FOR OFFICE USE ONLY – Not to be completed by applicant
Identity Document Validation Form

Section 1: Photographic ID

Is the photographic document, being relied upon, current and not expired?	Yes <input checked="" type="checkbox"/>	No ()
Is the photograph on the document a true likeness for the vetting subject?	Yes <input checked="" type="checkbox"/>	No ()
Is the photograph of high quality and clear?	Yes <input checked="" type="checkbox"/>	No ()
Is the date of birth on the document matching the date provided on the NVB1 Form?	Yes <input checked="" type="checkbox"/>	No ()
Is the name on the document exactly matching the name provided on the NVB1 Form?	Yes <input checked="" type="checkbox"/>	No ()

Section 2: Proof of Address

Is the address document dated within six months of the consent date?	Yes <input checked="" type="checkbox"/>	No ()
Is the address on the proof of address document matching the address provided on the NVB1 Form?	Yes <input checked="" type="checkbox"/>	No ()
Is the vetting subject's name included on the proof of address document?	Yes <input checked="" type="checkbox"/>	No ()
Is the document acceptable as proof of address document, as per Identity Document Schedule?	Yes <input checked="" type="checkbox"/>	No ()

Section 3: NVB1 Form

Is the NVB1 form dated and signed by the vetting subject?	Yes <input checked="" type="checkbox"/>	No ()
Is the role accepted to be relevant work or activity?	Yes <input checked="" type="checkbox"/>	No ()
Is the Consent Box ticked?	Yes <input checked="" type="checkbox"/>	No ()

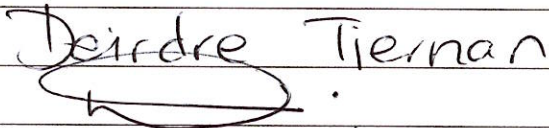
Section 4: Document Confirmation

I have physically seen and retained/forwarded a copy of the following documents: (Please check all that apply)

Completed NVB1 Form (original)	Yes <input checked="" type="checkbox"/>	No ()
Photographic ID document type:	Passport	
Document Reference Number:		
Proof of address document type:	PPS letter	

If you have answered No to any of the above questions the vetting subject has not met the criteria to continue with the vetting process

Section 5: Validator Information

Validator's Name (PRINT NAME):	Deirdre Tiernan
Validator's Signature:	
Validator's Role:	Person in charge
Validator's Contact Number:	0106479568
Date of Validation:	30/10/25

IRL



RESIDENCE PERMIT

R5410303

R5410303



SLOINNTE Tásalinnmeacha / SURNAMES Forenames

KURIAN
Snehamol Joseph

GNEAS NÁISIUNTACHT
SEX NATIONALITY

F IND

DATA BREITHE

DATE OF BIRTH

24 10 2000

CINEAL CEAD / TYPE OF PERMIT

AS FEIDHM / CARD EXPIRY

Stamp 2

08 12 2026

NOTA / REMARKS

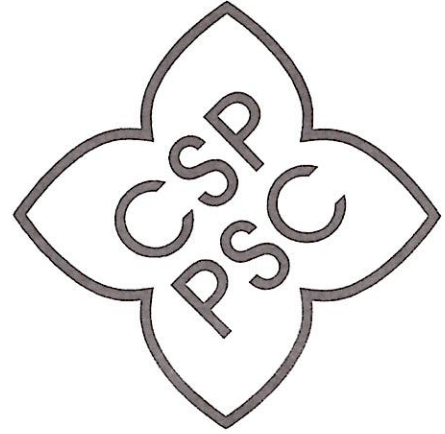
The person named is registered as
required by Irish immigration law
This IRP is not an identity card

574537

PERMIS DE SE JOUR IRLANDAIS



CÁRTA SEIRBHÍSÍ POIBLÍ PUBLIC SERVICES CARD



MS Snehamol Joseph Kurian
76 Sarsfield Square
Athlone
Athlone N37X516
WESTMEATH, Ireland



00000199

Tá do Chárta Seirbhísí Poiblí faoi iamh. Ba chóir an cárta seo a choinneáil go cúramach. Má tá an Roinn Coimirce Sóisialaí do d'íoc, in Oifig an Phoist, ba chóir duit an cárta seo a chur i láthair agus d'íocaíocht á bailiú agat.

Your Public Services Card is enclosed. This card should be kept carefully. If you are being paid by the Department of Social Protection, at a Post Office, you should present this card when collecting your payment.



Is féidir le rudaí maighnéadacha dochar a dhéanamh do do Chárta Seirbhísí Poiblí.

Tá do chuid sonraí sa chárta seo go leictreonach ar an stiall mhaighnéadach ar chúl an chárta.

De réir thaifid na Roinne, bhí na sonraí don chárta sin i gceart tráth na heisiúna. Má tá aon fhaisnéis a thaispeántar mícheart, déan teagmháil le deasc chabhrach na Roinne Coimirce Sóisialaí **0818 837000**.

Magnetic objects can damage your Public Services Card.

This card contains your data electronically on the magnetic strip on the back of the card.

According to the Department's records, the data for this card was correct at time of issuance. If any information displayed is incorrect, please contact the Department of Social Protection helpdesk at **0818 837000**.

