



National Vetting Bureau Checks



Under 18s Parents/ Guardian Permission Form

Dear Parent/ Guardian,

The Methodist Church in Ireland (MCI) has provision in place with the National Vetting Bureau (NVB) to process vetting applications for under 18s. It is therefore a requirement that we have parental/ guardian permission to proceed with this. This form outlines the process and allows you to give that permission. Your child will also have to complete a NVB pack provided by MCI. NVB have issued protocols, meaning that it is now a requirement that the Designated Person/ Minister takes copies of your ID validation documentation, which will be retained for a period of 90 days. These documents will be kept safely and securely, in line with the MCI's Security Policy.

MCI will retain a record of the completion of this vetting check indefinitely for future reference. This data can be accessed on request.

Please ensure that all relevant data is completed accurately.

Kind regards,

Nicky Blair
Safeguarding Officer,
Methodist Church in Ireland

Applicant Details

Forename(s)																										
Surname:																										
Date of Birth	(Please use the date format: Day; Month; Year)								/									/								

Parent/ Guardian Details

Forename(s):																								
Surname:																								
Relationship to child:																								
Parent email address:																								
Parent phone number:																								
Line 1:																								
Line 2:																								
Line 3:																								
Line 4:																								
Eircode/ Postcode																								

Parent/Guardian Consent

Consent		Yes
I confirm that I am the Parent/ Legal Guardian of the above-named person.		
As is required by NVB guidelines, I consent to my child's data being used for the stated purpose of verifying my identity to allow completion of this vetting disclosure, as explained on page 5 of this pack.		
I consent to the disclosure of information on behalf of my child, by the National Vetting Bureau pursuant to Section 13(4)(e) National Vetting Bureau (Children and Vulnerable Persons) Acts 2012-2016.		
I understand and consent to the disclosure protocol as described on page 5 of the vetting pack.		
I understand that my child's Vetting Certificate will be sent to the email address listed above		
I consent to the making of this application on behalf of my child.		
Parent/ Guardian Name (capitals)	Parent/ Guardian Signature	Date (Please use the date format: Day; Month; Year)