



Volunteer Visiting Team Application Requirements

Applicants are required to:

- Complete an Irish Therapy Dogs' Volunteer Visiting Team Application Form.
- Complete Garda Vetting Application Form.
 - The Garda Vetting is arranged directly by Irish Therapy Dogs.
 - The Application Form **must** be returned with your Irish Therapy Dogs' Application Form.
- Two character references from non-related referees.
- Applicant and their dog, working as a team, must pass an **Assessment of Suitability**.
 - The decision of the Assessors takes into account all aspects of the team's suitability for the programme.
 - The decision of the Assessors is final.
 - No reason will be given for their decision if a team fails to meet the required standard.

Irish Therapy Dogs will not disclose Volunteer's details to a third party.

Irish Therapy Dogs' Volunteer Visiting Teams are insured against third party risks.

Annual Membership €25

Irish Therapy Dogs
2 – 4 Merville Road
Stillorgan
Co. Dublin A94 E3F8
Telephone: 01 544 6198
www.irishtherapydogs.ie



VOLUNTEER VISITING TEAM APPLICATION FORM

Irish Therapy Dogs will not disclose any of your details to a third party.

Please complete in BLOCK CAPITALS

Surname: _____ First Name(s): _____ Mr/Mrs/Ms. _____

Address: _____

Postal Code: _____

Telephone Number (Home): _____ Telephone Number (Mobile): _____

Email Address: _____ Occupation: _____

Do you have any skill or area of expertise which you would be willing to volunteer for Irish Therapy Dogs?

Are you involved with any other voluntary agencies? If so, please list:

How did you hear about Irish Therapy Dogs? _____

Dog's Name: _____ Breed: _____ Age: _____ Sex: M / F

Please provide names and **full addresses** of two referees whom we can contact. Referees **must not be related to you** and should be known to you for at least 2 years. Please state context in which they are known.

Name: _____

Name: _____

Address: _____

Address: _____

Postal Code: _____

Postal Code: _____

Telephone No: _____

Telephone No: _____

Context Known: _____

Context Known: _____

I declare that the information given on this form is true and complete to the best of my knowledge and belief.

Signed: _____

Date: _____

Please return Completed Application form to:

Irish Therapy Dogs

2 – 4 Merville Road

Stillorgan

Co. Dublin A94 E3F8

Telephone: 01 544 6198

www.irishtherapydogs.ie

Company Registration No. 464658 Charity Registration No. CHY18715 Registered Charity No. 20072391

June 2021

VT1



Guidelines for Completing an Electronic Vetting Inviter Form

General Information

The Garda Vetting Contact Person in the organisation that carries out vetting must give this form to each individual it seeks to vet electronically.

The Garda Vetting Contact Person **MUST** ensure that each piece of information is collected correctly and **MUST** verify the ID of each person it is seeking to vet prior to returning it to Garda Liaison Officer in South Dublin County Volunteer Centre.

The information given on this form allows the Garda Vetting Liaison Officer in South Dublin County Volunteer Centre to 'invite' each individual to complete a full Vetting Form through the E-Vetting process.

Information for Vetting Subject.

You must return this form along with your Volunteer Visiting Team Application Form to Irish Therapy Dogs.

- The form below must be completed in full using **Block Capitals** and writing must be clear and legible.
- The Form should be completed in **Ball Point Pen**.
- Photocopies will not be accepted.

Soon afterwards, you will receive an email from the Garda Vetting Liaison Officer with a Garda Vetting Invite to complete a full form online.

Please Note:

- A new Electronic Vetting Inviter Form will need to be completed each time an individual needs to be re-vetted.
- If the individual is under 18, a completed Parent/Guardian Consent Form will be required during the E-Vetting process.

ELECTRONIC VETTING INVITER FORM

SECTION 1: PERSONAL INFORMATION

UNDER SEC 26 (B) OF THE NATIONAL VETTING BUREAU (CHILDREN AND VULNERABLE PERONS) ACT 2012, IT IS AN OFFENCE TO MAKE A FALSE STATEMENT FOR THE PURPOSE F OBTAINING A VETTING DISCLOSURE.

Forename:										
Middle Name:										
Surname:										
Date of Birth:	D	D	/	M	M	/	Y	Y	Y	Y
Email Address:										
Contact Number:										

Current Address:

Line 1																			
Line 2																			
Line 3																			
Line 4																			
County																			
Country																			Post Code/ Eircode

SECTION 2- ORGANISATION & ROLE

Organisation you are being vetted for:																			
Job/Volunteer Role being vetted for:																			

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.

Applicants Signature:

Date:

D	D	/	M	M	/	Y	Y	Y	Y
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SECTION 3 – OFFICE USE ONLY

Your REF	
ID Verified	Notes: