

Identity Document Validation Form

Section 1: Photographic ID

- | | | |
|---|------------------------------|-----------------------------|
| Is the photographic document, being relied upon, current and not expired? | ☐ Yes | ☐ No |
| Is the photograph on the document a true likeness for the vetting subject? | ☐ Yes | ☐ No |
| Is the photograph of high quality and clear? | ☐ Yes | ☐ No |
| Is the date of birth on the document matching the date provided on the NVB1 Form? | ☐ Yes | ☐ No |
| Is the name on the document exactly matching the name provided on the NVB1 Form? | ☐ Yes | ☐ No |

Section 2: Proof of Address

- | | | |
|---|------------------------------|-----------------------------|
| Is the address document dated within six months of the consent date? | ☐ Yes | ☐ No |
| Is the address on the proof of address document matching the address provided on the NVB1 | ☐ Yes | ☐ No |
| Is the vetting subject's name included on the proof of address document? | ☐ Yes | ☐ No |
| Is the document acceptable as proof of address document, as per Identity Document | ☐ Yes | ☐ No |

Section 3: NVB1 Form

- | | | |
|---|------------------------------|-----------------------------|
| Is the NVB1 form dated and signed by the vetting subject? | ☐ Yes | ☐ No |
| Is the role accepted to be relevant work or activity? | ☐ Yes | ☐ No |
| Is the Consent Box ticked? | ☐ Yes | ☐ 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 | ☐ No |
| Photographic ID document type: _____ | ☐ Yes | ☐ No |
| Document Reference No. _____ | | |
| Proof of address document type: _____ | ☐ Yes | ☐ No |

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): _____
- Validator's Signature: _____
- Validator's Role:
(Bishop/Priest/Chairperson/Principal) _____
- Validator's Contact Number: _____
- Validator's Email Address: _____
- Date of Validation: _____