

To Be Completed and Signed by Applicant for Vetting

Name of Applicant in Capitals: _____

Vetting Information will be shared by the Liaison Person of NAPCP with the Liaison Person of APCP and vice versa. Please tick the box below to confirm your agreement to this process.

Please tick this box

Applicant's Signature:

Date:

--	--	--	--	--	--	--	--	--

To be completed by Agency (NAPCP)

Name of Agency: National Association for Professional Counselling & Psychotherapy (NAPCP)

Agency Liaison Person: Áine Daly

Address: NAPCP, 77 Lower Camden Street, Dublin, D02 XE80

Telephone: 087 2433737

Email: info@napcp.ie

I confirm that the applicant named above has provided documentation to validate their identity in accordance with the National Vetting Bureau (Children and Vulnerable Adult Persons) 2012 to 2016.

Documents Provided:

Signature: _____ Date: _____

Áine Daly