

NURSE ON CALL

Nursing Services and Recruitment

Head Office, 16 Harcourt Street, Dublin 2, Ireland. Eircode D02NN29 Tel: (01) 496 5199 Fax: (01) 496 5690 / (01) 406 2079
E-mail: dublinoffice@nurseoncall.ie Internet: <http://www.nurseoncall.ie>
50 Patrick Street, Cork, Ireland. Tel: (021) 422 2830 Fax: (021) 427 9939 E-mail: corkoffice@nurseoncall.ie
Drogheda, Louth & Meath, Cavan, Monaghan Tel: (041) 983 6928
Waterford, Wexford, Tipperary, Kilkenny, Tel: (051) 333950



1. Please complete the following attachments
 - i) Third Schedule Declaration Form
 - ii) NVB1 Form

2. Please return the above in the envelope provided along with:
 - i) Copy of Driver's Licence OR Proof of Address (e.g. utility/phone bill or bank statement) and current ID (e.g. Passport/ Garda Age Card).

3. You will receive a link via email to complete the online section. This has a time limit of 30 days so please complete it straight away

If you are unsure of any of the instructions, please contact the H.R. Department on 01-4965199 (Extension 3) or interviewer@nurseoncall.ie.

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Guidelines for completing Vetting Invitation Form (NVB 1)

Please read the following guidelines before completing this form.

Miscellaneous

The Form 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.

All applicants will be required to provide documents to validate their identity.

If the applicant is under 18 years of age, a completed NVB 3 - Parent/Guardian Consent Form will be required.

Personal Details

Insert details for each field, allowing one block letter per box.

For Date of Birth field, allow one digit per box.

Please fill in your Email Address, allowing one character/symbol per box. This is required as the invitation to the e-vetting website will be sent to this address.

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.

Role Being Vetted For

The role being applied for must be clearly stated. Generic terms such as "Volunteer" will not suffice. Please use 'Agency Nurse' or 'Agency Healthcare Assistant'.

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.



Ref No: _____

Criminal Declaration

I, _____ of _____, _____
(Name) (Address) (DOB)

- No - I have no previous convictions or pending cases against me.
- Yes – If yes please contact our HR Department 01 4965199.

HEREBY DECLARE that:

I have never been arrested for, or convicted of, any offence or crime (other than an offence under road traffic legislation), either in Ireland or in any other state;

I have never been the subject of a pardon or amnesty or other similar legal action in respect of any offence or crime (other than an offence under road traffic legislation for which a penalty of imprisonment is not enforceable);

I have never unlawfully distributed or sold a controlled substance (drug);

I am not currently nor have I ever been to my knowledge under investigation by the Garda Siochana / Police force of any state in relation to the commission of a crime (other than an offence under the road traffic legislation for which a penalty of imprisonment is not enforceable);

I am not currently nor have I ever been the subject of disciplinary action by any professional or statutory body with responsibility for regulation of nursing or medical professions.

I hereby authorise the Hospital and / or its relevant Health Service Executive to make enquiries, for the purpose of verifying any part of this declaration, with An Garda Siochana and / or the regulatory body of nursing or medical professions of any state. This data will be processed by the Hospital and the Agency in accordance with the Data Protection Acts, 1988 and 2003. I confirm that I will inform Nurse on Call of any convictions, pending or otherwise that occur after the date of signing this document and I accept that I am obliged to do so.

Signed _____ Date _____

I give my permission to Nurse on Call to give copies of relevant documents to the relevant appraisal bodies including HSE/or any other location for Auditing purposes or recruitment.

I give permission to Nurse on Call to give my timesheets to Clients for auditing purposes and for the purpose of verification of signatures and to authorise payment

Are there any fitness to practise issues with your registration? NO YES

Signed _____ Date _____

Working time Regulations

The European Union has laid down guidelines for all workers governing the length of the maximum working week, which it is deemed safe to work. The current limit is a maximum average net weekly working time of 48 hours per week over a period of 4 months. Copy of Working time Regulations Act is available to you upon request.

I confirm that I have read and understand the information regarding the working time regulations and it is my responsibility to adhere to same

Signed _____ Print Name _____

Date: _____

Form No: 184 Revision Status: 4

