

# NURSE ON CALL



## Nursing Services and Recruitment

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## **NB – GARDA VETTING INFORMATION**

Please note that in order to process Garda Vetting, we require ID and proof of address.

Please ensure that you have these on day of interview as we will not be able to process a Garda Vetting for any candidate until we receive these.

The following combinations are acceptable:

- 1) Passport and statement from a bank, building society or credit union
- 2) Passport or driving licence and P60, P45 or payslip
- 3) Passport or driving licence and utility bill

Please note that proof of address cannot be dated more than 4 months ago.

If you are unsure about what to bring with you, you can call the HR Department on 014965199 (ext. 3) and will can advise.



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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. Please note that where the applicant is under 18 years of age the electronic correspondence will issue to the Parent\Guardian. This being the case, the applicant must provide their Parent\Guardian Email address on the NVB 1 form.

### **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.

### **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.



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Your Ref:

Empty box for reference number

Form NVB 1

Vetting Invitation

Section 1 – Personal Information

Under Sec 26(b) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016, it is an offence to make a false statement for the purpose of obtaining a vetting disclosure.

Forename(s): grid

Middle Name: grid

Surname: grid

Date Of Birth: grid with labels D, D, /, M, M, /, Y, Y, Y, Y

Email Address: grid

Contact Number: grid

Role Being Vetted For: grid

Current Address: grid with labels Line 1, Line 2, Line 3, Line 4, Line 5, Eircode/Postcode:

Section 2 – Additional Information

Name Of Organisation: text box

I have provided documentation to validate my identity as required and I consent to the making of this application and to the disclosure of information by the National Vetting Bureau to the Liaison Person pursuant to Section 13(4)(e) National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016. Please tick box [ ]

Applicant's Signature: text box

Date: grid with labels D, D, /, M, M, /, Y, Y, Y, Y

Note: Please return this form to the above named organisation. An invitation to the e-vetting website will then be sent to your Email address.

## 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: \_\_\_\_\_

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