

NURSE ON CALL

Nursing Services and Recruitment

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Waterford, Wexford, Tipperary, Kilkenny, Tel: (051) 335950



NB – GARDA VETTING INFORMATION

All vetting applications- new applicants and renewals must have their ID and Proof of Address verified in person with a member of the Registration & Compliance Department. We will not be able to process a Garda Vetting for any candidate until we receive these.

Please attend our Dublin/Cork office or ID verification Centres with the following original documents-

- The following are acceptable forms of ID:
 - 1) Passport
 - 2) Driving Licence
- The following are acceptable forms of Proof of Address:
 - 1) Bank Statement, Credit Union Statement or Building Society Statement.
 - 2) Utility bill: Gas, Electricity, TV, Broadband, Waste or TV licence.
 - 3) Correspondence from Government departments

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

- **NVB1 form-** The original copy of the Garda Vetting form with a manual signature. Forms will be available to complete in our Dublin/Cork Office and ID verification centres

If you are unsure about what to bring with you, you can call the Registration & Compliance Department on 014965199 (ext. 3) and we can advise.



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 applicants signature must be a wet ink signature.

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.

An invitation to the e-vetting website will then be sent to your Email address from evetting.donotreply@garda.ie

The **Identity Document Validation Form** section of this form must be completed by the person validating your identity and proof of address documents from the organisation listed in Section 2.

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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):											
Middle Name(s):											
Surname:											
Date Of Birth:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15px; text-align: center;">D</td> <td style="width: 15px; text-align: center;">D</td> <td style="width: 15px; text-align: center;">/</td> <td style="width: 15px; text-align: center;">M</td> <td style="width: 15px; text-align: center;">M</td> <td style="width: 15px; text-align: center;">/</td> <td style="width: 15px; text-align: center;">Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y		
Email Address:											
Contact Number:											
Role Being Vetted For:											
Current Address:											
Line 1:											
Line 2:											
Line 3:											
Line 4:											
Line 5:											
Eircode/Postcode:											

Section 2 – Additional Information

Name Of Organisation: Nurse On Call

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, to confirm I have read above declaration.

Applicant's
Signature:

Date:

D	D	/	M	M	/	Y	Y	Y	Y
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Criminal Declaration

Name: _____ DOB _____

Address: _____

- No - I have no previous convictions or pending cases against me.**
- Yes – If yes please contact our Registration & Compliance Department on (01 4965199).**

HEREBY DECLARE that:

I have never been arrested for, or convicted of, any offence or crime (including 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

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 Síochána / Police force of any state in relation to the commission of a crime (including an offence under road traffic legislation)

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 Síochána 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.

Have you ever lived or worked outside Ireland? NO YES

Print Name: _____

Signed _____

Date _____