

## **Guidelines for completing Vetting Invitation Form (NVB 1)**

Please read the following guidelines before completing this form:

- The Form must be completed in full using **BLOCK CAPITALS** and writing must be clear and legible, including email address.
- The Form should be completed in black ball point pen.
- **Original Form (consent) should be kept by the Nursing Home - Clear copy posted to NHI**
- All applicants will be required to provide their Nursing Home with documents to validate their identity (Nursing home to keep copies on file, do not post to NHI).
- For applicants 16-18 years of age, a completed NVB 3 - Parent\Guardian Consent Form will be required (applicants under 16 years cannot be vetted).
- Email address for forms for 16-18 year olds should be Parent/Guardians email address
- Leave NHI Ref: blank

### **Section 1 - Personal Details - Applicant**

- Insert details for each field, allowing one block letter per box.
- For Date of Birth field, allow one digit per box, dd/mm/yyyy
- Email Address is Applicants Email Address (unless 16-18) allowing one character/symbol per box. Invitation link to the e-vetting website will be sent to this address and be required to log in.
- 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 allowed.

**Role Being Vetted For:** The role being applied for must be clearly stated. Generic terms such as “Volunteer”, “Multitask Assistant”, “Work Experience” will not suffice. e.g.

- Nurse – (All grades)
- HCA – Carers
- Activity Co-Ordinator
- Catering
- Therapists – (All types)
- Driver
- Proprietors / Manager
- Administration (All Types)
- Clergy
- Domestic
- Maintenance
- Care of the Elderly

### **Section 2 – Additional Information**

**Employer & Nursing Home Name:** The Name of the Employer who directs the persons work and Nursing Home where the applicant will work, (Nursing homes can type this into the form so it prints every time).

**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.**

**Date:** Is todays date

### **Section 3 – Identity Validation**

**To be completed by Nursing Home**

The applicant’s identity and address are confirmed using the 100 point check.

Copies of the identity validation sheet and documents used to validate identity are **kept** by the Nursing Home, (do not post to NHI).

**Person in the Nursing Home who validates the Identity must print name and sign that identity is validated.**

**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:																															
Surname:																															
Date Of Birth:	D	D	/	M	M	/	Y	Y	Y	Y																					
Email Address: (16-18 Parent Email)																															
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 Employer & Nursing Home:

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  

I understand that this vetting invitation will be processed to and from the NVB by Nursing Homes Ireland.

Applicant's Signature:  Date: 

D	D	/	M	M	/	Y	Y	Y	Y
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**Section 3 – Identity Validation (To be completed by Nursing Home)**

I confirm that I have validated the above applicant's identity using the 100 point check and the identity documents provided meet or exceed the 100 Point Criteria. I have kept these documents on file.

Validators Name:  Validators Signature: