

Nursing Homes Ireland Unit 2051 Castle Drive Citywest Road Dublin 24 D24K299

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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 NVB1 should be kept by the Nursing Home.
- All applicants will be required to provide their Nursing Home with documents to validate their identity (Nursing home to keep copies on file).
- 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 <u>Applicants Email Address</u> (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 <u>ticking the box provided.</u>**

Date: date the form is originally completed by applicant.

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.

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



NHI Ref:	

Form NVB 1

Vetting Invitation

Section 1 – Perso	onal	Inf	orm	atio	n																				
Under Sec 26(b) of offence to make a						_		•											cts	201	2 to	201	l6, i	t is	an
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 F	or:																								
Current Address:	•																								
Line 1:																									
Line 2:																									
Line 3:																									
Line 4:																									
Line 5:																									
Eircode/Postcode:																									
Section 2 – Addi	tion	al I	nfoi	mat	tion																				
Name of Employer of Nursing Home:	&																								
I have provided doc I consent to the mal Liaison Person purs 2016. <u>Please tick bo</u> I understand that th Applicant's	king suan x	of the	his a Secti	pplic on 13	atio 3(4)(n an (e) N	d to atio	the nal `	disc Vetti	losu ing 1	re o Buro	f infeau om t	form (Chi he N	ildro NVB	en a	nd \	Vulr	iera	ble	Per	sons) A (
Signature:													Dat	te:	D	D]/	M	I	1	/ L	Y	Y	Y	Y
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:	
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