

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 Healthcare Operator - Clear copy scanned to The Alliance**
- All applicants will be required to provide their new employer 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 Alliance 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) | • Proprietors / Manager |
| • HCA – Carers | • Administration (All Types) |
| • Activity Co-Ordinator | • Clergy |
| • Catering | • Domestic |
| • Therapists – (All types) | • Maintenance |
| • Driver | • Care of the Elderly |

Section 2 – Additional Information

Employer Name: The Name of the Employer who directs the persons work and Healthcare Business where the applicant will work.

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

Identity Validation Form

To be completed by Nursing Home

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.

Person in the Nursing Home who validates the Identity must complete this section.

FOR OFFICE USE ONLY – Not to be completed by applicant
Identity Document Validation Form

Section 1: Photographic ID

Is the photographic document, being relied upon, current and not expired?	Yes ()	No ()
Is the photograph on the document a true likeness for the vetting subject?	Yes ()	No ()
Is the photograph of high quality and clear?	Yes ()	No ()
Is the date of birth on the document matching the date provided on the NVB1 Form?	Yes ()	No ()
Is the name on the document exactly matching the name provided on the NVB1 Form?	Yes ()	No ()

Section 2: Proof of Address

Is the address document dated within six months of the consent date?	Yes ()	No ()
Is the address on the proof of address document matching the address provided on the NVB1 Form?	Yes ()	No ()
Is the vetting subject's name included on the proof of address document?	Yes ()	No ()
Is the document acceptable as proof of address document, as per Identity Document Schedule?	Yes ()	No ()

Section 3: NVB1 Form

Is the NVB1 form dated and signed by the vetting subject?	Yes ()	No ()
Is the role accepted to be relevant work or activity?	Yes ()	No ()
Is the Consent Box ticked?	Yes ()	No ()

Section 4: Document Confirmation

I have physically seen and retained/forwarded a copy of the following documents: (Please check all that apply)

Completed NVB1 Form (original)	Yes ()	No ()
Photographic ID document type:		
Document Reference Number:		
Proof of address document type:		

If you have answered No to any of the above questions the vetting subject has not met the criteria to continue with the vetting process

Section 5: Validator Information

Validator's Name (PRINT NAME):	
Validator's Signature:	
Validator's Role:	
Validator's Contact Number:	
Date of Validation:	