

HSE Vetting Request

Submit to gardavetting@hse.ie in Word Format and Typed
Forms submitted as PDF's, Scanned or Handwritten Forms Cannot Be Processed

Applicants Details			
SAP Number (For Existing Employees)			
Forename(s)			
Middle Name			
Surname			
Date of Birth		Click here to enter a date.	
Address	Line 1		
	Line 2		
	Line 3		
	Line 4		
	Line 5		
Postcode/Eircode			
Grade Code & Title		To be entered as per the current grade code listing	
Role Being Vetted For On NVB 1		Insert Role Being Vetted as per the NVB1 Form	
Eg. Staff Nurse Emergency department working directly with children and vulnerable adults Eg. Medical Scientist working in Acute Hospital Wards direct contact with children and vulnerable adults		with direct contact access with vulnerable Adults Children <i>Important Note: This role must be written exactly as it appears on the NVB1 Form completed by the Applicant. Please advise applicant when completing application form how to write the role. This must be written in full; No Abbreviations and role must detail the Job Title/Grade and indicate if the role is engaged with children and/or vulnerable adults. Please see samples in HSE Garda Vetting Process - Guide for Line Managers for more information.</i>	
Email Address			
Phone Number		(Format e.g. 35386123456)	
I Confirm that this applicant will be engaged in 'relevant work' as per Schedule 1 Part 1 & 2 NVB Acts 2012 to 2016			<input type="checkbox"/>
Application Type	Tick (One) ✓	If existing employee insert Personnel Number (SAP Number)	
Existing Employee	<input type="checkbox"/>		
New Entrant to HSE (Initial Hire)	<input type="checkbox"/>		
Volunteer	<input type="checkbox"/>		
Work Experience	<input type="checkbox"/>		
Contractor	<input type="checkbox"/>		
Note: Residential Units i.e. Older Persons Service & Intellectual Disability If this application is for a Residential Unit please tick box <input type="checkbox"/> The contact person for Residential Applications is the relevant Data Controller Residential applications must be submitted by the relevant Data Controller only			
Validation of Identity			
I confirm that the identity of this applicant has been validated as required and that I have retained form NVB_ID01			<input type="checkbox"/>
Passport Number (if Given)			
Identity Verified By (Print Name)			
Date of Verification		Click here to enter a date.	
Applicant Consent (As per Section 2 - NVB1 Form)			
Name of Organisation			
Has applicant ticked the Declaration tick box consenting to the vetting process?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has the applicant signed the NVB1?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of Consent i.e. date signed by applicant		Click here to enter a date.	

Parental / Guardian Consent (for applicants aged 16 or 17 only)			
If applicant is under 18 year of age (i.e. 16, 17) have you obtained and retained the signed NVB3 Parent / Guardian consent form?			<input type="checkbox"/>
Contact Person / Issue Confirmation Notice To (Manager Registered with GVLO For Garda Vetting)			
Forename(s)	Sabrina		
Surname	Kiernan		
Grade	Data Controller Business Manager		
Address 1	HSE		
Address 2	Ardee Business Park		
Address 3	Hale Street		
Address 4	Ardee, Co. Louth		
Tel No	087 2151329	Email	Sabrina.Kiernan@hse.ie
Are you also the responsible person in the event of receipt of an unsatisfactory Garda Vetting disclosure i.e. Risk Assessment Contact in the case of disclosures with offence history			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
I (the above named) confirm that I understand my responsibilities in relation to applications submitted by me and that I have checked all forms for accuracy prior to submission.			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date Completed	Click here to enter a date.		
Responsible Person – In the case of Risk Assessments for Initial Hires (if different to the contact person listed above)			
Forename(s)			
Surname			
Grade			
Address 1			
Address 2			
Address 3			
Address 4			
Tel No		Email	

**Please note it is an offence to knowingly provide false information to secure a vetting disclosure.
 It is an offence to obtain a vetting disclosure in respect of roles not engaged in relevant work.**

Please ensure that you retain the following documentation on file locally for audit purposes:

- 1] NVB1 Form i.e. Applicants consent to be Garda Vetted**
- 2] ID Validation Checklist and documents used to validate identity of the vetting subject**

This Form is for HSE posts (for Priority COVID-19 Posts, please submit application using the COVID-19 Form only). Please email fully completed form in word format and typed to gardavetting@hse.ie with the following subject line; HSE Vetting Request

This form can only be submitted digitally and will not be accepted by post.