

Confirmation of Vetting for all staff working in a day care setting

Full Name:	
Maiden Name (if applicable)	
Date of Birth:	
Other Name (previous marriage)	
Address:	
Post Code:	
Position Applied For:	
Facility:	

This is to confirm that the following checks have been satisfactorily carried out on the above named.

Any issues identified below will be followed up with the Early Years Team.

		Yes	No
Access NI Enhanced Disclosure Notification attached?			
Are there any Informed Warnings, Cautions and/or Convictions included on the Disclosure Certificate?			
If yes, has the Enhanced Disclosure Certificate been enclosed?			
References	Satisfactory		
Consent to Checks Form enclosed			
Declaration of Health Form	Enclosed with this form (Only to be enclosed if relevant information is supplied)		

Signature of Registered/Chairperson/Leader: (delete as appropriate)	
Facility:	
Name: (Block Capitals)	
Date:	

Please return to the Early Years Team at the address below.

For Limavady, Derry & Strabane areas: Clooney Hall, 36 Clooney Terrace, Londonderry, BT47 6AR

For Omagh area: Community Services Dept, Tyrone & Fermanagh Hospital, 1 Donaghane Road, Omagh, BT79 0NS

For Fermanagh area: Community Services Dept, 2 Coleshill Road, Enniskillen, BT74 7HG

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Soscare/Community Information Systems Checks Complete?	Yes	
	No	
	Date	

Issues to be followed through?	Yes	
	No	

Signature:		
Position:		
Date:		