

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 completed?		
Any unsatisfactory references enclosed?		
Consent to Checks Form enclosed		
Declaration of Health Form Completed		
If there are any relevant health issues is the Declaration of Health Form enclosed?		

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

Please return to the address below:

Early Years Team
Ward 25
Downshire Estate
Ardglass Road
Downpatrick
BT30 6RA

To be completed by Early Years Staff:

Soscare/Community Information Systems Checks Complete?	Yes	
	No	
	Date	

Issues to be followed through?	Yes	
	No	

Signature:		
Position:		
Date:		