

**Risk Assessment for National Vetting**

**Work Activity to be assessed**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Person / Contractors**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Persons who are considered for employment and/or delivery of services with Dublin and Dun Laoghaire Education and Training Board (DDLETB), or with its Affiliated Organisations must have the course and/or the work required vetted in accordance with DDLETB’s Vetting Policy which is underpinned by the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

Any work or activity which is carried out by a person, a **necessary** and **regular** part of which **consists mainly of** the person having access to, or contact with, children or vulnerable adults (see Glossary of Term of the Vetting Policy for definition) will require the person to be vetted in accordance with the above Act and in accordance with procedures as prescribed by the National Vetting Bureau.

Where it is deemed possible (3 rating) or upwards, vetting will be required prior to the person commencing work on site.

|  |  |  |  |
| --- | --- | --- | --- |
| **Will the work or activity, a necessary and regular part of which consists mainly of the person having access or contact to, or with children or vulnerable adults** | **Rating (insert number)** | **Vetting Required** **Y/N** | **Forms given to persons / contractor****Y/N** |
| Almost Certain (5) |  |  |  |
| Likely (4) |  |  |  |
| Possible (3) |  |  |  |
| Not likely (2) |  |  |  |
| Rare or Remote (1) |  |  |  |

**Rating has not been applied for the following reason (please tick);**

Work area cordoned / closed off Work / activities carried out after normal hours

I confirm that the contractor / individual has been informed that National Vetting is required and that appropriate forms have been distributed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert date).

I also confirm that the person will not commence work on site until such time as the vetting is complete and a copy of this form is forwarded to DDLETB HR Department for the attention of the Liaison Person.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

(Print Name)

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

(Print Name)