

Confirmation of Childrens Act safety check completion



Applicant's details

(To be completed by the applicant)

Student ID

Name

Programme/ paper
(for example MAdvNP,
or NURS429)

The following is to be completed by the practice that the applicant is employed at.

Confirmation of completion of safety check

Name of practice

Date safety check was completed

The following checks were completed as part of the safety check:

Police vetting

Identity check

Five year work history

Professional organisation check

Referee check

Interview

Vaccinations Current

Declaration (to be completed by a senior staff member)

I confirm that that the practice named above has completed the full safety check for this applicant as required under the Children's Act.

Name

Title

Signature

Date