

EMPLOYMENT AGENCY ACT, 1971 – APPLICATION FOR RENEWAL OF LICENCE

Every renewal application for an Employment Agency Licence must include the following four items:

1. Renewal Form completed and signed.

2. €500 Fee.

Please note that payment may be made by Electronic Fund Transfer Only.

To: Danske EFT Receipts Public Bank Account

Address: Danske Bank, International House, 3 Harbourmaster Place, IFSC, Dublin 1

Account: **IBAN:** IE24DABA95199030010413

BIC: DABAIE2D

Note: Please ensure that your *Licence Number*, which is EA and four digits is included in the payment details by the bank making the EFT payment. Please enclose a copy of your bank EFT transaction details with this application.

3. Garda Vetting.

Please complete and sign the Vetting Invitation Form and *return it to us with the rest of your application*. Do **not** send this form directly to the Vetting Bureau. This one page form provides us with sufficient information to create an invitation for you to complete an E-vetting application. Once we enter the data from the invitation form you will receive an e-mail from the Garda e-vetting Portal (**evetting.do not reply@garda.ie**) will then need to complete the vetting process logging in using your email address and date of birth.

4. Schedule 4. Form.

Please fully complete the enclosed schedule 4. form and indicate the period which your figures relate to at the top of the page. i.e. either June or Dec and the year 20__

Please post your renewal application to:

**Employment Agency Licencing
Workplace Relations Commission
Department of Business, Enterprise & Innovation
O'Brien Road
Carlow
R93 W7 W2**

Employment Agency Licence - Renewal Application Form

Application for a licence under the Employment Agency Act 1971

I (**Full Name**) _____

of (**Home Address**) _____

hereby apply to the Minister for Business, Enterprise and Innovation for a licence to carry on the business of an employment agency at (**Agency Address**):

* **Licence Number : EA** _____

* Required

Trading Name of Agency: _____

Name of Incorporated Body (if applicable) _____

(i.e. "Limited Company")

Name(s) of Directors (if applicable) _____

Signature: _____

Phone No: _____

Fax No: _____

E-Mail: _____

Date _____

Employment Agency licensing.

Statutory Instrument No 255/1972, prescribes that the holder of an Employment Agency Licence **must** keep records showing;

- (a) The number of persons who apply for employment and the type of employment sought;
- (b) The number of persons placed in employment and the type of employment in which they are so placed;
- (c) The numbers of persons placed in employment outside the State, the countries in which they are placed and the occupations of persons so placed;
- (d) The fees charged in respect of each person placed in employment in the course of the business;
- (e) Any charges in respect of expenses for services rendered.

The holder of a licence **shall** furnish to the Minister not less than twice in every year a return of the business carried on in the form prescribed in schedule 4 of the regulations.

Please find enclosed a copy of this schedule 4 form for completion and submittal with your completed renewal application.

Schedule 4.

Employment Agency Act 1971

Half Yearly Return of business of a licenced Employment Agency return for
Half –year ending June / December 20__

1. Name of Firm : _____
Business Address: _____

2	Number of persons who applied to the Agency for Employment During half-year:	Men	Woman	Total
	Professional/Administrative			
	Secretarial/Clerical			
	Skilled			
	Semi-Skilled			
	Unskilled			
	Total			

3	Number of persons placed in Employment during half-year:	Men	Woman	Total
	Professional/Administrative			
	Secretarial/Clerical			
	Skilled			
	Semi-Skilled			
	Unskilled			
	Total			

4	Details of persons placed outside the state:	Men	Woman	Total
	Professional/Administrative			
	Secretarial/Clerical			
	Skilled			
	Semi-Skilled			
	Unskilled			
	Total			
	Country			

	Professional/Administrative			
	Secretarial/Clerical			
	Skilled			
	Semi-Skilled			
	Unskilled			
	Total			
	Country			

	Professional/Administrative			
	Secretarial/Clerical			
	Skilled			
	Semi-Skilled			
	Unskilled			
	Total			
	Country			

Guidelines for completing Vetting Invitation Form (NVB 1a)

Please read the following guidelines before completing this form.

Miscellaneous

The Form must be completed in full using **BLOCK CAPITALS** and writing must be clear and legible.

The Form should be completed in ball point pen.

Photocopies will not be accepted.

All applicants will be required to provide documents to validate their identity. (A copy of passport, or Driving licence or other documentation that contains Name, Address and photo graphic identification.

Personal Details

Insert details for each field, allowing one block letter per box.

For Date of Birth field, allow one digit per box.

Please fill in your Email Address, allowing one character/symbol per box. This is required as the **invitation to the e-vetting website** will be sent to this address.

Please allow one digit per box for your contact number.

The Current Address means the address you are now living at.

The address fields should be completed in full, including Eircode/Postcode. No abbreviations.

Declaration of Application

The applicant must confirm their understanding and acceptance of the two statements by **signing** the application form at Section 2 **and ticking the box** provided.

Criminal record is defined as

“criminal record”, in relation to a person, means—

- (a) a record of the person’s convictions, whether within or outside the State, for any criminal offences, together with any ancillary or consequential orders made pursuant to the convictions concerned, or
- (b) a record of any prosecutions pending against the person, whether within or outside the State, for any criminal offence,

“criminal offence” includes an offence under the law of a state other than the State that corresponds to an offence under the law of the State, where the act or omission constituting the offence under the law of the other state would, if committed in the State, constitute an offence under the law of the State;

Workplace Relations
Commission
Department of Business,
Enterprise and Innovation
O'Brien Road,
Carlow



Your Ref:

Form NVB 1 (a)

Vetting Invitation

Section 1 – Personal Information

Forename(s):																										
Middle Name:																										
Surname:																										
Date Of Birth:	D	D	/	M	M	/	Y	Y	Y	Y																
Email Address:																										
Contact Number:																										
Role Being Vetted For:	E	M	P	L	O	Y	M	E	N	T	A	G	E	N	C	Y	L	I	C	E	N	C				
	E																									

Current Address:

Line 1:																									
Line 2:																									
Line 3:																									
Line 4:																									
Line 5:																									

Eircode/Postcode:																									
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Name Of Organisation:	Workplace Relations Commission/Department of Business, Enterprise and Innovation																								
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I have provided documentation to validate my identity as required *and*
I hereby authorise the National Vetting Bureau of An Garda Síochána to furnish the above Organisation a statement that there is no criminal record information to disclose in respect of me in Ireland or elsewhere, or a statement of criminal record information in Ireland or elsewhere as the case may be. Please tick box

Applicant's Signature:

Date: / /

Note: Please return this form to the above named organisation. An invitation to the e-vetting website will then be sent to your Email address.