

## Health & Fitness Curriculum Area Convictions Against the Law

### Competence Assessment Programme (CAP) Citizens or residents of New Zealand

CONFIDENTIAL

When students apply for the Certificate in Nursing (Competence Assessment Programme) (CAP) Level 7, they are required to make a declaration about whether they have ever been convicted of any offence against the law. This information is sought so that potential problems regarding registration as a nurse, may be discussed with applicants, before their application is processed.

If you are accepted onto the CAP Programme, and have resided in New Zealand for six months or more, you must complete a New Zealand Police Vetting Form. NB: If you have not resided in New Zealand for the past six months, you will need to provide a Police Vetting Form from your country of origin or residence.

In addition to completing a New Zealand Police Vetting Form, please complete the declaration below and return with your application to:

NMIT Health & Fitness Curriculum Area  
Nelson Marlborough Institute of Technology  
Private Bag 19  
Nelson 7042

---

Have you ever been convicted of any offence against the law (apart from minor traffic convictions)?

**YES / NO**

If Yes, please give details (including dates of convictions)

---

---

---

I hereby declare that the information I have given is true and accurate; no information which could have a material bearing on my registration as a nurse has been withheld; I understand that making a false declaration is an offence under the Crimes Act 1961, No. 43.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Full Name [printed] \_\_\_\_\_

## Health & Fitness Curriculum Area Convictions Against the Law

### CAP Application Document

CONFIDENTIAL

### Consent to Release & Share Ministry of Justice Criminal Conviction Information and/or Police Vetting Information

I....., hereby agree that a copy of my full criminal incidence record may be released and shared, with discretion, with the Director of Nursing and Midwifery or with the manager(s) of any placement facility I may be assigned for the purpose of clinical experience or education.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Full Name [printed] \_\_\_\_\_