

Section 1: Approved Agency to complete (For more information please see the [Guide to Completing the Consent Form](#) - <http://www.police.govt.nz/advice/businesses-and-organisations/vetting/forms-and-guides>)

Name of Approved Agency submitting vetting request:

Nelson Marlborough Institute of Technology (Nelson Campus) (N30050)

Name of Applicant to be vetted:

Description of Applicant's role:

Student (healthcare) – Fitness Student

Applicant's purpose

- | | | | |
|---------------------------------------------------------|------------------------------------------------|-------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Employee | <input type="checkbox"/> Contractor/Consultant | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Prosecution |
| <input checked="" type="checkbox"/> Vocational Training | <input type="checkbox"/> Licence/Registration | <input type="checkbox"/> Visa/Work Permit | <input type="checkbox"/> Other |

What group(s) will the applicant have contact with in their role for your agency?

- | | | | |
|----------------------------------------------------|---------------------------------------------|-------------------------------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Children/Youth | <input checked="" type="checkbox"/> Elderly | <input checked="" type="checkbox"/> Other Vulnerable Adults | <input type="checkbox"/> Other |
|----------------------------------------------------|---------------------------------------------|-------------------------------------------------------------|--------------------------------|

What is the applicant's primary role for your agency?

- | | | | | |
|------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|--------------------------------|
| <input type="checkbox"/> Caregiving (Children) | <input checked="" type="checkbox"/> Caregiving (Vulnerable adults) | <input checked="" type="checkbox"/> Healthcare | <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Other |
|------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|--------------------------------|

Will the role take place in the applicant's family environment?

- Yes No

Will the applicant be a volunteer or paid by your agency for their role?

- Paid Volunteer

Is this request mandatory under the Vulnerable Children Act 2014 (VCA)?

- Yes: Core childrens worker Yes: Non-core childrens worker
- No (mandatory under other legislation/optional/standard Police Vet)

If this is a mandatory Vulnerable Children Act request, please specify the check reason below:

- New Children's Worker Existing Children's Worker VCA Renewal

Evidence of Identity (to be completed by agency representative/delegate or identity referee - see [guide](#) for details)

- | | |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> A primary ID has been sighted (Mandatory) | <input checked="" type="checkbox"/> A secondary ID has been sighted (Mandatory) |
| <input checked="" type="checkbox"/> One form of ID is photographic (Mandatory) | <input type="checkbox"/> Evidence of name change has been sighted (if applicable) |

OR: If your organisation is able to accept a verified RealMe identity then:

- An assertion of a RealMe identity has been received (see [guide](#) for further information).

In making this request, I confirm that:

- ✓ I have complied and will comply with the [Approved Agency Agreement](#)
- ✓ I am satisfied with the correctness of the applicant's identity
- ✓ I have obtained the Applicant's authorisation to submit this vetting request as set out in section 3 of this form

Approved Agency Authorised Representative:

Name: _____ Date: _____

Signature: _____ Electronic Signature

Name of Approved Agency submitting vetting request:

Section 2: Applicant to complete and return to Approved Agency

**Denotes a mandatory field*

Personal Information

Details (note: the name you are most commonly known by is your primary name)

*Family name (Primary):

Given name(s):

*Gender: (M) (F) (Other) *Date of birth:
(dd/mm/yyyy)

Place of birth:
(Town/City/State)

*Country of birth:

NZ Driver Licence number:

Previous names: If applicable, please include other alias or alternate names; married name if not your primary name; previous/maiden/name changed by deed poll or statutory declaration.

Family name	First name	Middle names
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent Residential Address

*Number/Street:

Suburb: Post Code:

*City/Town/
Rural District:

Section 3: Applicant to complete and return to Approved Agency

Consent to release information

- The New Zealand Police may release **any** information they hold if relevant to the purpose of this vetting request. This includes:
 - Conviction histories and infringement/demerit reports
 - Active charges and warrants to arrest
 - Charges that did not result in a conviction including those that were acquitted, discharged without conviction, diverted or withdrawn
 - Any** interaction I have had with New Zealand Police considered relevant to the role being vetted, including investigations that did not result in prosecution
 - Information regarding family violence where I was the victim, offender or witness to an incident or offence, primarily in cases where the role being vetted takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
 - Information subject to name suppression where that information is necessary to the purpose of the vet
 - If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released **unless**:
 - Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime)
 - Section 31(3) of the Vulnerable Children Act 2014 applies to this request (safety checks of core children's workers).
 - The vetting request is made by an individual for the purpose of an overseas Visa/Work Permit as a Privacy Act request authorising the vetting result to be provided directly to the relevant embassy, high commission or consulate.Please see the [guide](#) for more information regarding the Clean Slate legislation.
 - The Police Vetting Service may disclose new relevant information to the Approved Agency after the completion of the Police Vet in the following circumstances:
 - The disclosure of the newly-obtained information is considered to be justified under the Privacy Act 1993 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
 - The Police Vetting Service has ascertained that the purpose of the Police vet (e.g. employment role) still exists.The Vetting Service will endeavour to notify you prior to the disclosure.
 - Information provided in this consent form may be used to update New Zealand Police records.
 - I am entitled to a copy of the vetting result released to the Approved Agency (to be provided by the agency) and can seek a correction by contacting the Vetting Service.
 - The Approved Agency will securely dispose of this consent form, copies of identification documents and the vetting result within 12 months of receiving the result unless a longer retention period is required by legislation.
 - I may withdraw this consent, prior to Police's disclosure of the vetting result, by notifying the Approved Agency.
- For further information, please see the [Guide to Completing the Consent Form](#).

Applicant's Authorisation:

- ✓ I confirm that the information I have provided in this form relates to me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand Police to disclose any personal information it considers relevant to my application (as described above) to the Approved Agency making this request for the purpose of assessing my suitability at any time.

Name: _____

Date: _____

Signature: _____

Electronic
Signature