

Vetting Service Request & Consent Form

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

Name of Approved Agency submitting vetting request	:			
Name of Applicant to be vetted:				
Description of Applicant's role:				
Applicant's purpose	<u></u>	_		
Employee Contractor/Consultant	Volunteer	Prosecution		
☐ Vocational Training ☐ Licence/Registration	☐ Visa/Work Permit	Other		
What group(s) will the applicant have contact with in their role for	or your agency?			
Children/Youth Elderly	Other Vulnerable Adults	Other		
What is the applicant's <i>primary</i> role for your agency?				
Caregiving (Children) Caregiving (Vulnerable adults)	Healthcare	Education	U Other	
Will the role take place in the applicant's home?				
Yes No				
Will the applicant be a volunteer or paid for their role?				
Paid Volunteer Is this request mandatory under the Vulnerable Children Act 2014	4 (VCA)2			
Yes: Core childrens worker	Yes: Non-core childrens wo	orker		
No (mandatory under other legislation/optional/standard Police	ee Vet)			
If this is a mandatory Vulnerable Children Act request, please spe	•			
☐ New Children's Worker ☐ Existing Children'	•	☐ VCA Renewal		
Evidence of Identity (to be completed by agency representative	ve/delegate or identity referee -	see guide for details)		
A primary ID has been sighted (Mandatory)	☐ A secondary ID has been	sighted (Mandatory)		
One form of ID is photographic (Mandatory)	Evidence of name change	e has been sighted (if ap	plicable)	
OR: If your organisation is able to accept a verified RealMe identity		J	' '	
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 of I am satisfied with the correctness of the applicant's identity of I have obtained the Applicant's authorisation to submit this Approved Agency Authorised Representative:	<u>'</u>	tion 3 of this form		
Name:	Date:		-	
Signature:	Electronic Signature			



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Name of Approved Agency submitting vetting request:				
Section 2: Applicant to complete and return to Approved Agency				
*Denotes a mandatory				
Personal Inform	ation			
Details (note: the nam	e 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 num	ber:			
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			
Permanent Residentia	l Address			
*Number/Street:				
Suburb:	Post Code:			
*City/Town/ Rural District:				



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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
- 2. If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released unless:
 - a. Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime)
 - b. Section 31(3) of the Vulnerable Children Act 2014 applies to this request (safety checks of core children's workers).
 - c. 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.

- 3. The Police Vetting Service may disclose newly-obtained 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 taken steps to confirm that the purpose of the Police vet still exists e.g. that I got the role which required a Police vet and am still employed or engaged in it.

The Vetting Service will endeavour to notify you prior to the disclosure.

- 4. Information provided in this consent form may be used to update New Zealand Police records.
- 5. 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.
- 6. 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.
- 7. 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 <u>Guide to Completing the Consent Form</u>.

Applicant's Authorisation:	
\checkmark I confirm that the information I have provided in this form relates to	me and is correct.
\checkmark I have read and understood the information above.	
✓ I authorise New Zealand Police to disclose any personal information described above) to the Approved Agency making this request for the	
Name:	Date: