


Police Vetting Service Check List

(to support Applications for the Health & Fitness Programmes)

Applicant Name: _____

Steps:	Check Box		
1. Print Police Vetting Service Request and Consent Form in hard copy.			
2. Complete Section 2 only (see pages 3-4).			
<p>3. Attach copies of verified identification (ID) to the form:</p> <p>A Trusted Referee* has sighted the original ID documents below, verified the photo ID is me, signed the copy of Photo ID, and provided their contact details:</p> <p><input type="checkbox"/> Primary ID document (See page 2 for types of identification accepted) and <input type="checkbox"/> Another form of ID (See page 2 for types of identification accepted) and <input type="checkbox"/> One of the above must be photographic and be signed by your referee with contact details of your referee included (Name, phone number(s), address, email). and, if applicable <input type="checkbox"/> Evidence of name change where names differ (e.g. marriage/civil union certificate, statutory declaration, etc)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 5px;"> <i>* The trusted referee must:</i> <input checked="" type="checkbox"/> be over 16 years of age; and <input checked="" type="checkbox"/> be a person of standing in the community (e.g. registered professional, religious or community leader); or <input checked="" type="checkbox"/> a Justice of the Peace, or Member of the </td> <td style="width: 50%; padding: 5px;"> <i>* The trusted referee must:</i> <input checked="" type="checkbox"/> not be related; and <input checked="" type="checkbox"/> not be a partner or spouse; and <input checked="" type="checkbox"/> not live with applicant. </td> </tr> </table>	<i>* The trusted referee must:</i> <input checked="" type="checkbox"/> be over 16 years of age; and <input checked="" type="checkbox"/> be a person of standing in the community (e.g. registered professional, religious or community leader); or <input checked="" type="checkbox"/> a Justice of the Peace, or Member of the	<i>* The trusted referee must:</i> <input checked="" type="checkbox"/> not be related; and <input checked="" type="checkbox"/> not be a partner or spouse; and <input checked="" type="checkbox"/> not live with applicant.	
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<p>4. Sign notification to retain information:</p> <p><i>I am aware NMIT will retain the Police Vetting Service Request and Consent Form and Police Vetting Results on my records.</i></p> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 20px;"> <div style="width: 40%;"> SIGN HERE: _____ </div> <div style="width: 20%; text-align: center;">  </div> <div style="width: 40%;"> DATE: _____ </div> </div>			
<p>5. Arrange getting the hard copy of the form to NMIT. Options:</p> <p>a) Bring hard copy to the Health & Fitness Dept Administrator, Level 2, M Block. b) Send hard copy (including verified copies of ID) to: Health & Fitness Administration, Level 2 Private Bag 19 Nelson Mail Centre Nelson 7042</p>			

Section 1: Approved Agency to complete

Name of Applicant to be vetted:

Name of Approved Agency submitting vetting request:

Nelson Marlborough Institute of Technology

☐

New Zealand Police Vet only
Sections 1 & 2 to be completed

☐

New Zealand Police Vet & Australian National Police History Check
Sections 1, 2 & 3 to be completed

APPLICANT'S ROLE – PURPOSE OF VET

☐

Employee

☐

Contractor/Consultant

☐

Volunteer

☐

Prosecution

☒

Vocational Training

☐

Licence/Registration

☐

Visa/Work Permit

☒

Other

Detailed description of applicant's role / licence / registration
e.g. children's caregiver supervised/unsupervised; in-home educator; rest home nurse; teacher; etc.)

Group instruction

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

☒

Children/Youth

☐

Elderly

☐

Other Vulnerable Adults

☐

Other: (please specify here)

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

☐

Caregiving (Children/Young Persons)

☐

Caregiving (Elderly/Vulnerable Adults)

☒

Education

☐

Healthcare (Medical or Mental Health)

☐

Other (please specify here)

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

☒

Yes (VCA Core Worker)

☐

Yes (VCA Non-Core Worker)

☐

No (mandatory under other legislation/optional/standard Police Vet)

Please note the NZ Police Vetting Service cannot provide any guidance as to whether requests are subject to the VCA 2014.
For information on this please see www.childrensactionplan.govt.nz.

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

☒

New Children's Worker: Applicant is working for the first time in your organisation in a children's worker role.

☐

Existing Children's Worker: Applicant currently works for your organisation in a children's worker role.

☐

VCA Renewal: Subsequent VCA vetting request for an existing children's worker, required once every three years.

Application of the Criminal Records (Clean Slate) Act 2004:

The NZ Police Vetting Service must comply with the Criminal Records (Clean Slate) Act 2004. Your answers to the above questions will assist us in determining what section of the Act applies to this vetting request.

Section 16 (Clean Slate): Conviction history will not be released if applicant is eligible for clean slate.

The role does not fit the criteria in section 19(3) of the Criminal Records (Clean Slate) Act, e.g. teacher, doctor/nurse, rest home carer.

Section 19(3) (Exception): All criminal convictions will be released EVEN IF the applicant is eligible for clean slate.

The role fits the criteria of one or more of the exceptions in section 19(3) of the Criminal Records (Clean Slate) Act

e.g. it is a role predominantly involving the care and protection of, but not predominantly involving the delivery of education to, a child or young person (e.g. caregiver, nanny, foster/homestay parent, applicant for adoption) [section 19(3)(e)].

For information on the clean slate regime, see <http://www.justice.govt.nz/services/criminal-records/about-the-criminal-records-clean-slate-act-2004>.

Section 1 continued:

Approved Agency to complete

EVIDENCE OF IDENTITY (ID)

- for further information, see <http://www.dia.govt.nz/Resource-material-Evidence-of-Identity-Standard-Index>

I confirm that the identity of the applicant has been checked by [A] or [B] as follows:

- [A]** ☐ I have (or my delegate has), OR, ☐ A Trusted Referee* has sighted the ID documents below, and verified the photo against the applicant in person (mark box)
- ☐ Primary ID document (e.g. passport, original birth certificate, firearms licence, etc; *see link above*)
and
- ☐ Another form of ID (e.g. driver licence, 18+ card, Community Services Card, etc; *see link above*)
and
- ☐ One of the above must be photographic – confirm comparison made
and, if applicable
- ☐ Evidence of name change where names differ (e.g. marriage/civil union certificate, statutory declaration, etc)
** a Trusted Referee must be over 16, and not be related, or a partner/spouse, or a co-resident of the applicant, and be either a person of standing in the community (e.g. registered professional, religious or community leader, Police employee) or registered with the Approved Agency. The Trusted Referee must:*
- sign and date the copies of identity documents, and endorse each of them appropriately e.g.
 - "I have sighted the original version of this document"
 - "I have sighted the original version of this document and I have compared the photographic image with [name of applicant] and confirm they appear to be the same person."
 - provide her or his name and contact details

Optional additional check by me (if appropriate)

- ☐ A search of our records to verify uniqueness (especially for professional bodies)

[B] ☐ I have received an assertion of a RealMe verified identity

- limited to agencies who are able to use RealMe to verify identity
- for further information, see <https://www.realme.govt.nz/>

CHECKLIST

In making this request, I confirm that:

- ☐ I have complied and will comply with the Approved Agency Agreement (or existing Memorandum of Understanding) between NZ Police and the Approved Agency I represent;
- ☐ I am satisfied as to the correctness of the Applicant's identity (if applicable I confirm that Trusted Referee contact details have been provided); and
- ☐ I have obtained the Applicant's authorisation to submit this vetting request, as set out in section 2 of this form.

Approved Agency Authorised Representative:

Name:

Date:

Signed in electronic form:
[mark box]

☐

OR

Signature:

Name of Approved Agency submitting vetting request:

Section 2:

Applicant to complete and return to Approved Agency
(the Approved Agency will submit the vetting request to NZ Police and receive the vetting result)

PERSONAL INFORMATION

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

*Family name: (Primary)	<input type="text"/>	First name(s): (Primary)	<input type="text"/>	<input type="text"/>
*Gender:	(M) <input type="checkbox"/> (F) <input type="checkbox"/> (Other) <input type="checkbox"/>	*Date of birth: (dd/mm/yyyy)	<input type="text"/>	
*Place of birth: (town/city/state)	<input type="text"/>	*Place of birth: (country)	<input type="text"/>	
NZ Driver Licence number: (*where held - for ID verification by NZ Police)	<input type="text"/>			

If applicable, please include other names and mark them A, M, or P as appropriate:

- (A) alias or alternate name(s)
(M) married name if not primary name
(P) previous/maiden/name changed by deed poll or statutory declaration

Family name: (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	First name(s): (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Family name: (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	First name(s): (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Family name: (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	First name(s): (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Family name: (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	First name(s): (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Permanent New Zealand Residential Address

*Number/Street:	<input type="text"/>		
Suburb:	<input type="text"/>	Post Code:	<input type="text"/>
*City/Town/ Rural District:	<input type="text"/>	*Period of Residence:	<input type="text"/>

**Denotes a mandatory field*

Section 2:
continued

Applicant to complete and return to Approved Agency
(the Approved Agency will submit the vetting request to NZ Police and receive the vetting result)

CONSENT TO DISCLOSURE (for a New Zealand Police Vet)

- for further information, see <http://www.police.govt.nz/advice/businesses-and-organisations/vetting>

I **acknowledge and understand** as follows:

1. The information about me that NZ Police may consider relevant to my application and release in vetting comprises any conviction history and, for certain agencies, infringement/demerit reports; and it may include any other information such as active charges and warrants to arrest, any information received or obtained by NZ Police, and any interaction I have had with NZ Police in any context (including family violence), even where I have not been charged, or charges are withdrawn, or I have been acquitted (not guilty) of a charge, or I have been discharged without conviction.
2. Any conviction history will be released in accordance with the Criminal Records (Clean Slate) Act 2004; this means that, if I am 'eligible' for clean slate (e.g. no convictions for 7 years, never been to prison, no convictions for specified sexual offending, etc – see section 7 of the Act):
 - a. my criminal record of convictions will not be disclosed; but
 - b. if the role for which I have applied is an exception to the clean slate scheme (e.g. predominantly involving care and protection of a child or young person), my criminal record of convictions will be disclosed.
3. Where relevant information is subject to statutory or Court-ordered name suppression or prohibitions on disclosure, or other constraints on disclosure such as expectations of confidentiality or the protection of active criminal investigations or the safety of individuals, NZ Police may issue an alternative vetting result stating the existence of relevant non-disclosable information, without details.
4. Where new information is obtained by NZ Police after the completion of my Police vet, NZ Police may disclose this information to the Approved Agency, and where appropriate to the Vulnerable Children Act Exemptions Administrator, if the information is considered relevant to the purpose of the Police vet.
5. The personal information I provide in this form is being collected for vetting purposes, and may also be used for the purpose of updating NZ Police records.
6. I may withdraw this consent, prior to Police's disclosure of the vetting result, by notifying the Approved Agency who will immediately notify NZ Police to cease the vetting process (any fee remains payable by the Approved Agency).
7. I am entitled to access the vetting result released to the Approved Agency and seek correction of Police information about me in accordance with the Privacy Act 1993 by making a request to the 'Approved Agency' in the first instance.
8. No later than twelve months after the release of the vetting result, the Approved Agency will securely dispose of this consent form and copies of identification documents, as well as the vetting result released by NZ Police, unless a longer retention period is required by legislation applying to the Approved Agency.
9. The information I have provided in this form relates to me and is correct.

Applicant's Authorisation:

- ☐ I have read and understood the information above
- ☐ I authorise NZ 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.

Signed in electronic form:
[mark box]

☐

OR

Signature:

Date: