



Nelson Marlborough Institute of Technology  
Te Whare Wānanga o Te Tau Ihu o Te Waka a Maui

**Department of Health and Fitness**

**CONFIDENTIAL**

Convictions Against the Law

If you are accepted onto the Bachelor of Nursing Programme (BN), you must complete, and return, a Ministry of Justice Criminal Records form, which will be sent to you in your Confirmation Pack. This process will be repeated for each academic year that you are enrolled on the programme.

When students apply to sit the State Final Examination at the end of the BN Programme, they are again 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.

It is programme policy to alert the applicant to this requirement, and to ask them to make a declaration when they first apply for a position on the BN Programme.

Information on the vetting service is available from: <http://www.police.govt.nz/advice/businesses-and-organisations/vetting>

Please complete the following and return with your application to:  
Department of Health and Fitness Administrator  
Nelson Marlborough Institute of Technology  
Private Bag 19  
Nelson 7042  
New Zealand

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

**YES / NO**

Have you had any previous convictions against children, or do you, for any reason, pose a risk to vulnerable children?

**YES / NO**

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

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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,

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

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

## **Consent to release and share Ministry of Justice Criminal Conviction information**

I ....., hereby agree that a copy of my full criminal incidence record will 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.

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

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

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