

**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:**

**Name of Applicant to be vetted:**

**Description of Applicant's role:**

**Applicant's purpose**

- |  |  |   |                                      |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Employee            | <input type="checkbox"/> Contractor/Consultant | <input type="checkbox"/> Volunteer        | <input type="checkbox"/> Prosecution |
| <input 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 type="checkbox"/> Children/Youth | <input type="checkbox"/> Elderly | <input 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 type="checkbox"/> Caregiving (Vulnerable adults) | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Education | <input type="checkbox"/> 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 (VCA)?**

- |  |   |
|--|---|
| <input type="checkbox"/> Yes: Core childrens worker  | <input type="checkbox"/> Yes: Non-core childrens worker |
| <input type="checkbox"/> No (mandatory under other legislation/optional/standard Police Vet) |   |

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

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> New Children's Worker | <input type="checkbox"/> Existing Children's Worker | <input type="checkbox"/> VCA Renewal |
|--|---|--------------------------------------|

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

- |   |   |
|---|---|
| <input type="checkbox"/> A primary ID has been sighted (Mandatory)  | <input type="checkbox"/> A secondary ID has been sighted (Mandatory)              |
| <input 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

1. 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 [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



## Section 4: Applicant to complete for Australian check (if required)

### Additional Personal Information (for Australian National Police History Check)

#### Last Permanent Australian Residential Address

*Number/Street:			
*Suburb:		*Post Code:	
*City/Town/ Rural District:		*State or Territory:	
*Period of Residence Start date (dd/mm/yyyy)		*Period of Residence End date (dd/mm/yyyy)	
Australian Driver's Licence No: (if applicable)		Issued by:	
Australian Firearms Licence No: (if applicable)		Issued by:	

### General Information for an Australian National Police History Check

#### General Information

Australian Criminal Intelligence Commission (ACIC) is collecting your personal information in this form in order to conduct a National Police History Check (NPHC) on you. Approved Agencies in New Zealand, named in section one, use the personal information collected on this form and the resulting NPHC as part of the assessment process to determine suitability for the position/entitlement/benefit which you are applying for.

Unless statutory obligations require otherwise, the information provided on this form will not be used without your prior consent for any purpose other than in relation to the assessment of your suitability or to maintain the records of ACIC, Australian Police Agencies<sup>1</sup>, or NZ Police.

You will be required to complete another consent form for any future NPHC checks.

#### National Police History Check (NPHC)

A NPHC is an integral part of the assessment of your suitability. Information on this form will be used by ACIC, and Australian Police Agencies for checking action; it will also be used to update records held about you by ACIC, Australian Police Agencies and NZ Police.

Information released may include outstanding charges, warrant information and criminal convictions/findings/pleas of guilt recorded against you that may be disclosed according to the laws of the relevant jurisdiction and, in the absence of any laws governing the release of that information, according to the relevant jurisdiction information release policy.

#### Limitations on accuracy and use of Police History Information

While every care has been taken by ACIC to conduct a search of information held by Australian Police Agencies that relate to the applicant, the accuracy and quality of this NPHC depends on accurate identification of the Applicant (including aliases) according to the information provided in the Request and Consent Form and the comprehensiveness of police records. If the applicant does not complete the information requirements in this form the success and validity of the NPHC will be compromised.

If for any reason you do not agree with the results of your NPHC, please notify the Approved Agency that you submitted the check through in the first instance, so that the NPHC dispute process can be initiated.

The release of information by Australian Police Agencies is subject to relevant Spent Convictions, non-disclosure legislation or information release policies.

#### Spent Conviction Schemes

The aim of Spent Convictions legislation<sup>2</sup> is to prevent discrimination on the basis of certain previous convictions. Spent Convictions legislation limits the use and disclosure of older, less serious convictions and findings of guilt. Each Australian Police Agency will apply the relevant Spent Convictions legislation/information release policy prior to disclosure.

<sup>1</sup> Australian Federal Police, ACT Policing, The New South Wales Police Force, Queensland Police Service, South Australia Police, Victoria Police, Western Australia Police, Northern Territory Police Force, Tasmania Police Service

<sup>2</sup> Applicable Spent Conviction legislation, as amended from time to time

## General Information for an Australian National Police History Check, (continued)

The following links may be helpful in sourcing information on Spent Convictions in the Australian States & Territories but may not be relied upon. If further information or clarification is required please contact the individual Australian Police Agencies directly for further information about their release policies and any legislation that affects them.

Commonwealth <a href="http://www.comlaw.gov.au">www.comlaw.gov.au</a>	South Australia <a href="http://www.legislation.sa.gov.au">www.legislation.sa.gov.au</a>	Western Australia <a href="http://www.slp.wa.gov.au">www.slp.wa.gov.au</a>
New South Wales <a href="http://www.legislation.nsw.gov.au">www.legislation.nsw.gov.au</a>	Victoria Police <a href="http://www.police.vic.gov.au">www.police.vic.gov.au</a>	Northern Territory - <a href="http://www.nt.gov.au/dcm/legislation/current.html">www.nt.gov.au/dcm/legislation/current.html</a>
Queensland <a href="http://www.legislation.qld.gov.au">www.legislation.qld.gov.au</a>	Tasmania <a href="http://www.thelaw.tas.gov.au">www.thelaw.tas.gov.au</a>	Australian Capital Territory <a href="http://www.legislation.act.gov.au">www.legislation.act.gov.au</a>

### Provision of incomplete, false or misleading information

An Approved Agency or Applicant must take reasonable steps to ensure that the personal information collected, or disclosed is accurate, complete and up to date.

You are asked to certify that the personal information you have provided on this form is correct. If it is subsequently discovered, for example as a result of a check of police records, that you have provided incomplete, false or misleading information, you may be assessed as unsuitable.

It is a serious offence to provide false or misleading information in Australia.

## Consent to disclosure (for Australian National Police History Check)

- I have read the General Information in section 3 of this form and understand that information will be disclosed in accordance with applicable legislation and information release policies (including spent convictions legislation, however described) in the Commonwealth, States and Territories;
- I understand that the position/entitlement for which I am being considered may be in a category for which exclusions from Spent Convictions legislation may apply;
- I have fully completed this form, and the personal information I have provided in it relates to me, contains my full name and all names previously used by me, and is correct;
- I acknowledge that the provision of false or misleading information is a serious offence;
- I acknowledge that the Approved Agency named in Section 1 of this form is collecting information in this Form to provide to New Zealand Police to provide to ACIC (an Agency of the Commonwealth of Australia) and the Australian Police Agencies;
- I consent to:**
  - ACIC using and disclosing personal information about me in this form to the Australian Police Agencies;
  - the Australian Police Agencies disclosing to ACIC, from their records, Police History information that can be disclosed in accordance with the laws of the Commonwealth, States and Territories and in accordance with the relevant jurisdiction's information release policies;
  - ACIC disclosing the information disclosed by the Australian Police Agencies to New Zealand Police, and
  - New Zealand Police disclosing any criminal history information about me to the Approved Agency named in Section 1 of this form to assess my suitability in relation to my application;
- I acknowledge that any information provided by me in this form relates specifically to the purpose identified in Section 1 of this form;
- I acknowledge that any information provided by the Australian Police Agencies or ACIC relates specifically to the purpose identified in Section 1 above;
- I acknowledge that personal information that I provide in this form may be disclosed to the Approved Agency named in Section 1 of this form (including contractors or related bodies corporate) located in New Zealand or overseas; and
- I acknowledge that it is usual practice for an Applicant's personal information in this form to be disclosed to New Zealand Police and Australian Police Agencies for them to use for their respective law enforcement purposes including the investigation of any outstanding criminal offences.

Note: The information provided in this form will be used only for the purpose stated above unless statutory obligations require otherwise.

### Applicant's Authorisation:

I have read and understood the information above and consent accordingly. *Signed in electronic form*

or, Signature: \_\_\_\_\_

Date: \_\_\_\_\_