

WWW.VISIONCOLLEGE.AC.NZ

School of Early Childhood Education

.....
APPLICATION
FORMS
.....

SCHOOL OF EARLY CHILDHOOD EDUCATION

MAKE SURE
YOU FILL OUT THE
REFERENCE FORMS,
POLICE CHECKS
& WRITTEN
ASSIGNMENTS

Documents Required for your Application

Document Checklist

Check off each of these to make sure you have completed the application requirements.

In this booklet:

- Application/Enrolment Form
- Health and Ethical Issues
- List of Referees
- Confidential Reference 1
- Confidential Reference 2
- Police Vetting Form - must provide two forms of ID, one of which must be photographic

Confidential references are to be cut-out and given to the referee to fill in, and then mailed in separately by the person completing the report.

Additional documents for Level 5 applications:

- Written Assignment

The assignment is described in this booklet.

Additional documents for Youth Guarantee applications:

- Youth Guarantee eligibility form

*Please provide a form of identification from both, **Section "A" AND Section "B"***

A) Proof of Identity: Proof of Citizenship or Residency – one of these:

- Birth certificate with place of birth stated as New Zealand, Cook Islands, Tokelau, or Niue.
- New Zealand passport.
- A statement of Whakapapa, including date of birth, countersigned by a kaumatua.
- Certificate of citizenship or letter of confirmation.
- Overseas passport with residency stamp.

You can bring the original documentation to the enrolment desk. Alternatively please provide a certified copy by a Justice of the Peace (JP), Solicitor, Minister of the Church or General Practitioner.

B) Proof of Identity: Photo ID – one of these:

- Passport
- Driver's Licence
- Former Student ID Card
- R18+ ID Card
- Any other Photo ID

DOMESTIC STUDENTS

Application/Enrolment Form



Hamilton, Christchurch and Auckland Enrolments:

Post to:
Vision Enrolments Office
21 Ruakura Road
Hamilton 3216

Enquiries: 0800 834 834
Administration: 07 853 0777
Fax: 07 853 0223
Email: hamilton@visioncollege.ac.nz

Christchurch Enrolments:

Post to:
Vision
20 Twigger Street
Christchurch 8024

Enquiries: 0800 834 834
Administration: 03 377 8878
Fax: 03 366 9271
Email: christchurch@visioncollege.ac.nz

The purpose of this enrolment form is to obtain from you the information we need to enrol you into a qualification at our organisation. We also need to collect information from you which is required by the Ministry of Education and other Government agencies for statistical and administrative reasons.

- Please complete all sections of this form and sign the declaration.
- Please attach all additional documentation required as per the documentation section.
- Note: International students should use the International Student enrolment form, which is available on the website.

QUALIFICATION

- 1) What qualification do you wish to enrol in?
Qualification start date: Qualification end date:
- 2) Have you studied at Vision before? Yes No If yes, what was your Student ID number?
- 3) How do you intend to study? Full time Part time
- 4) Where do you intend to study? On Campus – Which one?
- 5) If there are options for your course, what option are you choosing?

e.g. Music students write "Vocal" or "Instrument". Leadership students could write "Internship" or "Part time".
If the qualification you have chosen does not have options, or if you are unsure, leave this field blank.

- 6) What year do you expect to complete the academic requirements of your course(s) with Vision in order to graduate with your qualification? Year

PERSONAL DETAILS

- 7) Your full legal name: Family Name: Title: Mr Miss Mrs Ms
First Name(s):
- 8) Preferred name (if different to above):
Previous name(s) known by:
- 9) If you have previously enrolled under another name, what was that name?
- 10) Date of birth: / /
- 11) Gender: Male Female Diverse
- 12) Do you know your NSN (National Student Number)? No Yes If yes, please write it here:
- 13) Citizenship: New Zealand Citizen New Zealand Permanent Resident Australian Citizen Australian Permanent Resident Other (please specify)
- 14) During your study, where will you be residing? New Zealand Overseas
- 15) Which ethnic group(s) do you belong to?

<input type="checkbox"/> NZ European/Pakeha	<input type="checkbox"/> British/Irish	<input type="checkbox"/> Other European	<input type="checkbox"/> Japanese
<input type="checkbox"/> New Zealand Māori	<input type="checkbox"/> Dutch	<input type="checkbox"/> Filipino	<input type="checkbox"/> Korean
<input type="checkbox"/> Samoan	<input type="checkbox"/> Greek	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Cook Island Māori	<input type="checkbox"/> Polish	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Middle Eastern
<input type="checkbox"/> Tongan	<input type="checkbox"/> South Slav	<input type="checkbox"/> Other Southeast Asian	<input type="checkbox"/> Latin American
<input type="checkbox"/> Niue	<input type="checkbox"/> Italian	<input type="checkbox"/> Chinese	<input type="checkbox"/> African
<input type="checkbox"/> Tokelauen	<input type="checkbox"/> German	<input type="checkbox"/> Indian	<input type="checkbox"/> Other
<input type="checkbox"/> Fijian	<input type="checkbox"/> Australian	<input type="checkbox"/> Sri Lankan	<input type="checkbox"/> Not Stated
<input type="checkbox"/> Other Pacific Peoples			

If Other European / Other Asian / Other Southeast Asian / Other Pacific Peoples or Other, please specify:

CRIMINAL CONVICTIONS

26) Do you have any criminal convictions including criminal traffic offences? Yes No

If "Yes" please state below the nature of the offense(s)? The information you supply is confidential.

HEALTH AND ETHICAL ISSUES

27) Have you used any illegal substances before? Yes No

a) What have you used?

b) When did you last use it?

28) Please advise us of anything else that may interfere with your ability to study. (Writing something here does not make you ineligible for the course. But we would like to discuss any potential issues at the interview, to ensure you are able to successfully complete your studies).

CONTACT DETAILS

Home Address:

Post Code:

Postal Address:

(if different)

Post Code:

Email Address:

Daytime Phone:

Mobile:

Emergency Contact Name (must be related):

Relationship:

Mobile:

Home Ph:

Work Ph:

Email:

DOCUMENTATION

To qualify as a **domestic student**, and so be entitled to the Government tuition subsidy, you must be

- a citizen of New Zealand (including students from the Cook Islands, Tokelau, or Niue who have New Zealand citizenship) **or**
- a permanent resident of New Zealand **or**
- a citizen or permanent resident of Australia residing in New Zealand **or**
- a citizen of New Zealand (including students from the Cook Islands, Tokelau, or Niue who have New Zealand citizenship).

If you are studying overseas full-time and face-to-face at a campus or delivery site of a New Zealand tertiary education organisation (TEO), you may also qualify as a domestic student if

- you are a permanent resident of New Zealand or a citizen or permanent resident of Australia **and**
- you are studying in an approved country **and**
- the overseas study is level 7 or above on the New Zealand Qualification Framework.

The 29 approved countries are in the Asia, Latin America and Middle East regions. A full list is available on the [Education New Zealand website](#).

You must provide evidence of citizenship or permanent residency. To do so you must produce one of the following:

- Birth certificate with place of birth stated as New Zealand, Cook Islands, Tokelau, or Niue.
- A certificate of identity.
- A statement of Whakapapa, including date of birth, countersigned by a kaumatua.

- A New Zealand certificate of citizenship.
- Overseas passport with residency stamp.

You can bring the original documentation to the enrolment desk, alternatively please provide a certified copy. This means a photocopy, photograph or scanned copy of your original document, signed as being a true and accurate copy by a Justice of the Peace (JP), Barrister or Solicitor, Notary Public, Court Register or Deputy Registrar, Member of Parliament, Land Transport New Zealand, Public Trust, or local authority employee designated for this purpose.

When a learner is in a remote community and unable to access a person listed in the Oaths and Declarations Act, a member of the New Zealand Police, school principal, minister of religion, or general practitioner is acceptable.

International students must bring their passport with them when they enrol. **Please note** that your name, date of birth and residency as entered on this enrolment form will be included in the National Student Index, and will be used in an Authorised Information Matching programme with the New Zealand Birth Register.

On occasion, more than one National Student Number is created for an individual. The Ministry regularly monitors the quality of the National Student Index and, when duplicates or errors are discovered, it works with providers and government agencies to merge duplicates and correct errors. This may require the documentation you provide at enrolment being shared between agencies authorised to access the National Student Index to make these corrections.

For further information please see: <http://nsi.education.govt.nz/home.asp>

USE OF INFORMATION AND PRIVACY STATEMENT

Privacy – Activate Training Centre Limited collects and stores information from this form to:

- manage the business of Activate Training Centre Limited (including internal reporting, administrative processes and selection of scholarship and prize winners)
- comply with the requirements of the Education and Training Act 2020 and other legislation¹ relating to maintenance of records
- supply information to government agencies and other organisations as set out below.

In signing this enrolment form you authorise the disclosure of your personal information on the understanding that Activate Training Centre Limited will comply with the legal requirements in relation to the use and disclosure of personal information, as set out in the Privacy Act 1993 (shortly to be replaced by the Privacy Act 2020), the Education and Training Act 2020 and other relevant legislation. You are entitled to see any information that Activate Training Centre Limited holds about you and request to correct any errors in that information. To do so, contact the Enrolments Officer.

NB: The Privacy Act came into force on 1 July 1993 with the stated aim of protecting the privacy of individuals. The Privacy Act requires Activate Training Centre Limited to collect, hold, handle, use and disclose personal information in accordance with the twelve information privacy principles in the Act.

<http://legislation.govt.nz/act/public/1993/0028/latest/DLM296639.html?src=qs>. From 1 December 2020, the Privacy Act 1993 will be replaced by the Privacy Act 2020, which contains the same privacy principles and governs the collection, use, storage and disclosure of personal information.

Supply of information to government agencies and other organisations
Activate Training Centre Limited supplies data collected on this form to government agencies, including:

- the Ministry of Education
- Education New Zealand
- the New Zealand Qualifications Authority
- the Tertiary Education Commission
- the Ministry of Social Development (in relation to student loans and allowances) and Inland Revenue (student loans)
- Immigration New Zealand (for those who are not New Zealand citizens or permanent residents) and the Ministry of Business, Innovation and Employment
- agencies which support particular students through scholarships, payment of fees or other awards (if you are a recipient of one of these awards).

Those agencies use the data collected from Activate Training Centre Limited to:

- administer the tertiary education system, including allocating funding and the administration of the Fees-Free and Fees-Free Trades Training initiatives
- develop policy advice for government
- conduct statistical analysis and research.

Your personal details (name, date of birth and residency) as entered on this form will be included in the National Student Index and may be used in an authorised information matching programme with the New Zealand Birth Register.

The government agencies above may supply data collected on this form to Statistics New Zealand for the purposes of integrating data with data collected by other government agencies, subject to the provisions of the Statistics Act 1975. Integrated data is used for the production of official statistics, to inform policy advice to government and for research purposes.

In handling data supplied by you on this form, the government agencies are required to comply with the provisions of the Privacy Act 1993 (and after 1 December 2020, the Privacy Act 2020).

When required by law, Activate Training Centre Limited releases information to government agencies such as the New Zealand Police, Department of Justice, Ministry of Social Development, and the Accident Compensation Corporation (ACC).

Information collected on this form may be supplied to other educational organisations for the purpose of verifying academic records.

Fees – In signing this enrolment form you undertake to pay all fees as they become due, and to meet any late fees and collection charges associated with debt recovery. Activate Training Centre Limited’s policy on withdrawal and refund of fees may be obtained from the Enrolments Officer.

Rules – In signing this enrolment form you undertake to comply with the published rules and policies of Activate Training Centre Limited with regard to attendance, academic integrity and progress, conduct and use of information systems.

Photography and Video – At times photos or video might be recorded on campus, in classes or at events. If I am included in these photos or videos I agree that Activate Training Centres Limited owns the images and all rights related to them and understand that the images may be used in any manner, any media and any location. I exempt Activate Training Centres Limited from any payment or compensation to me for the images.

NZ Police Vetting/Ministry of Justice check - I understand that police checks will be done upon completion of the relevant consent forms (ECE/Counselling courses only).

The result of this check will be held on my student file for the duration of my enrolment and may be sent to a placement upon written request. By signing the enrolment form I agree to this.

¹ This includes legislation governing the maintenance of official records and for accountability for public funding.

Declaration – I declare that to the best of my knowledge all the information supplied on, and with, this enrolment form is true and complete, I agree to abide by the conditions described above, and I consent to the disclosure of personal information as described above.

Signature

Date

OFFICE USE ONLY:

Document type	full legal name	date of birth	gender	citizenship or residency status	Photo ID	Name of person sighting document	Date	Signature

All documents must be sighted and signed by a staff member. All 5 columns must be covered by the documentation provided.

LEVEL 5 WRITTEN ASSIGNMENT

This assignment is only required to be completed if you are applying for the New Zealand Diploma in Early Childhood Education and Care (Level 5). *Please type your essay on A4 paper and include with this booklet.*

Please write a two page essay including each of the following:

- a. Your reasons for wanting to attend this course
- b. Describe any experience you have had in early childhood education, or looking after pre-schoolers.
- c. What do you think is important in early childhood education? Consider different ideas and cultures.

LEVEL 3 YOUTH GUARANTEE ELIGIBILITY

Only complete this form if you are applying for the free Youth Guarantee Early Childhood Education Level 3 course.

1. Are you supported by a Youth Coach? Yes No

If 'Yes', Please provide Name:

Phone Number:

2. What will your age be on the first day of the course? years

3. Are you committed to completing the whole course? Yes No

4. What other courses have you been on in the last 2 years?

Institution	Course	Year Studied	Successfully completed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

REFEREES AND REFERENCES

Two written reference forms are included in this application booklet. Please have *two* referees complete these forms and send them directly to Vision College.

A Referee should:

- Not be related to you or live at the same address as you
- Have known you preferably for more than 12 months
- Be over the age of 18 years
- Be able to support your application

We recommend past or present employers (including babysitting/child minding), teachers, work colleagues or family friends as suitable Referees.

Please list your Referees:

Full Name:

Phone: Mobile:

Full Name:

Phone: Mobile:

Confidential Reference 1

School of Early Childhood Education

Students Full Name:

Students Phone Number:

INSTRUCTIONS FOR REFEREE

Thank you for agreeing to contribute towards our selection process. Information recorded here is confidential to Vision College and will not be shared with the applicant.

Purpose of Report

The purpose of this report is to help establish the suitability of the applicant for working professionally with young children.

When making selection decisions we look at the applicant's ability to

complete a course at tertiary level, their personal qualities, communication skills, background interests and involvement.

If you have any reservations regarding the applicant's suitability or have any other information that you consider would help us make a decision about the applicant, please include this in your answers.

Or feel free to contact us:

Christchurch Campus 03 377 2364

Hamilton Campus 07 853 0777

East Tamaki Campus 09 215 0184

Pukekohe Campus 09 238 0548

Criteria for Referees

A Referee should:

- not be related to you or live at the same address as you.
- have known you preferably for more than 12 months.
- be over the age of 18 years.
- be able to support your application.
- preferably consist of one personal and one from an educational source.

We recommend past or present employers (including babysitting/child minding), teachers, work colleagues or family friends as suitable Referees.

Please return this report as soon as possible as this application cannot be processed until this is received.

CONFIDENTIAL REPORT

1. How long have you known the applicant?

2. In what capacity have you known the applicant?

3. Do you know the applicant well enough to complete this form? Yes No

4. Does the applicant have the capacity to complete a course of sustained tertiary study?

Yes No Unsure

Comments:

5. Please tick and comment on each quality according to your judgement of the applicant

Self Assurance

Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Social Skills/Relationships

Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Adaptability/Flexibility of Thinking Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Diligence Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Initiative Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Leadership Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Reliability Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Integrity Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Co-operation Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Emotional stability/response to stress Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Enthusiasm Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Perseverance Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Listening Skills Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Organisational Skills

Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Expressing Ideas

Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Clarity of Speech

Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Written Communications Skills

Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

6. What are the applicant's special interests and skills?

7. Have you had the opportunity to observe the applicant's ability to relate to people, particularly:

Pre-school School Age Adolescents Own Age Older People

If so, what were your impressions?

8. Do you consider that the applicant has an understanding of and sensitivity towards equity issues (sexism, racism, disabilities etc.)? Yes No Unable to comment

Comments:

9. Does the applicant have any health conditions (physical/mental) that might affect their training or ability to be a teacher?

Yes No Unable to comment (If yes, please explain)

Comments:

10. Are there any special circumstances which the selection committee should know about when considering this applicant?

Yes No Unable to comment (If yes, please explain)

Comments:

11. Would you be happy to have this applicant care for members of your family?

Yes No Unable to comment (If yes, please explain)

Comments:

12. Please select your recommendation:

- I recommend the applicant without reservation
- I have some reservations but would recommend the applicant (*please explain below*)
- I doubt the applicant's suitability (*please explain below*)
- I think the applicant is unsuitable (*please explain below*)

Please explain:

13. As a referee I am happy to be contacted to answer any further questions or for clarification Yes No

Referee's Full Name:

Referee's Phone Number:

Referee's Email Address:

Referee's Signature: Date:

Thank you for your assistance, please return this to the appropriate campus once completed:

HAMILTON & AUCKLAND CAMPUS
APPLICATIONS:

By Mail:
Early Childhood Education
Vision College Administrator
21 Ruakura Road
Hamilton 3216

By Scan & Email:
admin@visioncollege.ac.nz

CHRISTCHURCH CAMPUS
APPLICATIONS:

By Mail:
Early Childhood Education
Vision College Administrator
20 Twigger Street, Addington
Christchurch 8024

By Scan & Email:
christchurch@visioncollege.ac.nz

Confidential Reference 2

School of Early Childhood Education

Students Full Name:

Students Phone Number:

INSTRUCTIONS FOR REFEREE

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Or feel free to contact us:

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- be over the age of 18 years.
- be able to support your application.
- preferably consist of one personal and one from an educational source.

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CONFIDENTIAL REPORT

1. How long have you known the applicant?

2. In what capacity have you known the applicant?

3. Do you know the applicant well enough to complete this form? Yes No

4. Does the applicant have the capacity to complete a course of sustained tertiary study?

Yes No Unsure

Comments:

5. Please tick and comment on each quality according to your judgement of the applicant

Self Assurance Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Social Skills/Relationships Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Adaptability/Flexibility of Thinking Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Diligence Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Initiative Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Leadership Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Reliability Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Integrity Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Co-operation Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Emotional stability/response to stress Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Enthusiasm Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Perseverance Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Listening Skills Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Organisational Skills

Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Expressing Ideas

Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Clarity of Speech

Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Written Communications Skills

Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

6. What are the applicant's special interests and skills?

7. Have you had the opportunity to observe the applicant's ability to relate to people, particularly:

Pre-school School Age Adolescents Own Age Older People

If so, what were your impressions?

8. Do you consider that the applicant has an understanding of and sensitivity towards equity issues (sexism, racism, disabilities etc.)? Yes No Unable to comment

Comments:

9. Does the applicant have any health conditions (physical/mental) that might affect their training or ability to be a teacher?

Yes No Unable to comment (If yes, please explain)

Comments:

10. Are there any special circumstances which the selection committee should know about when considering this applicant?

Yes No Unable to comment (If yes, please explain)

Comments:

11. Would you be happy to have this applicant care for members of your family?

Yes No Unable to comment (If yes, please explain)

Comments:

12. Please select your recommendation:

- I recommend the applicant without reservation
- I have some reservations but would recommend the applicant (*please explain below*)
- I doubt the applicant's suitability (*please explain below*)
- I think the applicant is unsuitable (*please explain below*)

Please explain:

13. As a referee I am happy to be contacted to answer any further questions or for clarification Yes No

Referee's Full Name:

Referee's Phone Number:

Referee's Email Address:

Referee's Signature:

Date:

Thank you for your assistance, please return this to the appropriate campus once completed:

HAMILTON & AUCKLAND CAMPUS
APPLICATIONS:

By Mail:

Early Childhood Education
Vision College Administrator
21 Ruakura Road
Hamilton 3216

By Scan & Email:

admin@visioncollege.ac.nz

CHRISTCHURCH CAMPUS
APPLICATIONS:

By Mail:

Early Childhood Education
Vision College Administrator
20 Twigger Street, Addington
Christchurch 8024

By Scan & Email:

christchurch@visioncollege.ac.nz

Name of Approved Agency submitting vetting request:

Activate Training Centre Limited

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 investigations, 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 Children’s 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

Request for a **criminal conviction history by a third party**

You are asking for another person's criminal conviction history. The person (applicant) must fill in this form themselves and sign and date the declaration statement. This tells us we can give their criminal conviction history to you. You, as the third party, are responsible for ensuring the information provided on this form is complete and readable, and the identification has been verified.



This form may be filled in by typing the information in the fields of the PDF or by printing the form and handwriting the information.

Step 1 **Your details** (please print)



Important: make sure the name and date of birth you write in here matches your identification in Step 3

Your Personal Details

Surname:

First name:

Middle names (separated by commas):

Date of birth:

Male

Female

Place of birth:

NZ Driver Licence number:

Contact number:

Email:

Previous names – Maiden names, other names you are known as, or have used

Surname

First name

Middle names (separated by commas)

Your Postal Address

PO Box or
Street address:

Suburb:

Town/City:

State/Province:

Post Code:

Country:

Current residential address if different to postal address

Street address:

Suburb:

Town/City:

State/Province:

Post Code:

Country:

Please list any other New Zealand addresses you have lived at in the last 10 years

Street address:

Suburb:

Town/City:

Post Code:

Street address:

Suburb:

Town/City:

Post Code:

Street address:

Suburb:

Town/City:

Post Code:

Step 2 Your identification



Please attach a legible photocopy of your identification which must contain your signature. This can be any one of the following:

New Zealand Driver Licence – can be current or expired within the last 2 years, but cannot be cancelled, defaced or a temporary licence.

New Zealand Passport – can be current or expired within the last 2 years, but cannot be cancelled or defaced. Must show your signature.

Overseas Passports – must be current and cannot be expired, cancelled or defaced. Must show your signature.

New Zealand Firearms Licence – must be current and cannot be expired or defaced.

If you do not have any of these forms of identification, you will need to complete Step 4.

Step 3 Your authority to release information to a third party

I authorise the Criminal Records Unit, Ministry of Justice, to release a copy of my criminal convictions, subject to section 7 of the Criminal Records (Clean Slate) Act 2004, to the third party.

I want a copy of the information provided to the third party. Please send via Email Post

I do NOT require a copy of the report

Your signature:

X

Date:

D

D

M

M

Y

Y

Y

Y

Step 4 Proof of identity

Only complete if you do not have a driver licence, passport or firearms licence

You will need to ask someone who can confirm your identity to be your identifier and fill in this section. You cannot fill in this form on behalf of your identifier. Your identifier will also have to provide a valid copy of their identification.

Your identifier must:

- Have known you for more than 12 months
- Be aged 18 years or over
- Have a day time phone number and be contactable during normal business hours
- Not be a relative (a relative is a person connected by blood or marriage), and
- Not live at the same address.

Identifier Details

Your surname:

Your first name:

Your middle names (*separated by commas*):

Street address:

Suburb:

Town/City:

State/Province:

Post Code:

Country:

Telephone:

Mobile:

Email:

I, the identifier, declare that I have personally known the application named below for _____ years and confirm this is their identity.

Applicant's Surname:

Applicant's First name:

Applicant's Middle names (*separated by commas*):

For _____ years and vouch for their identity.

Your signature

Date signed

D	D	M	M	Y	Y	Y	Y
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Your identification



Please attach a clear copy of your identity document from the list below (choose only one). It must show your signature. Please tick the box below to show which type of document you are providing.

New Zealand driver licence – this must be current or can have expired within the last 2 years. We do not accept cancelled, defaced or temporary licences.

New Zealand passport – this must be current or can have expired within the last 2 years. We do not accept cancelled or defaced passports.

Overseas passports – this must be current and cannot be expired, cancelled or defaced.

New Zealand firearms licence – this must be current and cannot be expired, cancelled or defaced.

Freephone 0800 834 834

Auckland

34 East Street, Papakura
Auckland 2110, New Zealand
Tel: 09 215 0184 Fax: 07 853 0223
Email: auckland@visioncollege.ac.nz

Pukekohe

52 Franklin Road
Pukekohe 2120, New Zealand
Tel: 09 238 0548 Fax: 07 853 0223
Email: pukekohe@visioncollege.ac.nz

Hamilton

21 Ruakura Road
Hamilton 3216, New Zealand
Tel: 07 853 0777 Fax: 07 853 0223
Email: hamilton@visioncollege.ac.nz

Christchurch

20 Twigger Street, Addington
Christchurch 8024, New Zealand
Tel: 03 377 2364 Fax: 03 366 9271
Email: christchurch@visioncollege.ac.nz

www.visioncollege.ac.nz



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