



TO BE COMPLETED BY APPLICANT

Personal details

Applicants Name:	<i>Family Name</i>	<i>First Name</i>	<i>Middle Names (separate by comma)</i>
Date of Birth:	<i>(DD/MM/YYYY)</i>	Place of Birth:	
Gender <i>(please circle)</i> : Female / Male		Nationality:	

Previous names - maiden name, aliases

Name:	<i>Family Name</i>	<i>First Name</i>	<i>Middle Names (separate by comma)</i>
Name:	<i>Family Name</i>	<i>First Name</i>	<i>Middle Names (separate by comma)</i>

Residential address

Street Address:	
Suburb:	
City:	Post Code:

Authorisation

I, _____
authorise disclosure by New Zealand Police of ANY information relating to any interaction I have had with Police in any context, to the New Zealand College of Early Childhood Education Limited. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

Signature: _____ Date: _____

Police Vetting can only be carried out with the consent of the applicant's if this form is dated and signed. This form will be filed in the applicant's file and used for the sole purpose of meeting the College's programme requirements.

APPLICATION TO DISCLOSE INFORMATION FORM

APPLICANT'S IDENTIFICATION

Please attach a certified copy of the applicant's identification. The identification may be a Driver License OR if applicant does not hold a driver licence, a Passport. If applicant has neither, the subject will need to complete the following section.

Driver Licence

Passport

Proof of identity

This section is to be completed when an applicant doesn't have a photo identification such as a driver licence or passport.

To be eligible to fill out this section the person must:

- have known the applicant for more than 12 months
- be aged 18 years or over
- not be a relative
- not live at the same address
- be contactable during normal business hours

Name:

Family Name

First Name

Middle Names (separate by comma)

Street Address:

Suburb:

City:

Post Code:

Daytime Phone Number:

I declare that I personally know:

Applicants Name:

Family Name

First Name

Middle Names (separate by comma)

for years and confirm his/her identity

Signature:

Date:

Office use only:

Date Entry:

Agency Reference: