

### **Declaration and Consent to Disclosure – Domestic Applicants Only**

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The programme you have applied for at UCOL requires a police check to be completed as part of your application. Convictions are not necessarily a barrier to entry to the programme but UCOL needs to be aware of their nature.

We require you to fill out and complete this form and a **NZ Police Vetting Service Request and Consent Form**

#### **Declaration as to Criminal Convictions**

- If you have any criminal convictions (other than minor traffic offences) please list them below.
- All information provided by you, or subsequently obtained, will be treated as confidential by UCOL.

I, \_\_\_\_\_  
(Family name/Surname) (First Name or Names) (Middle Name)

I declare that **I have not**  or **I have pending**  or **I have had**  a criminal conviction(s)

Provide details of all criminal convictions(s) (if any)

Nature of Offence(s): Date

of Offence(s): Sentence(s)

Imposed:

#### **Consent to Disclosure**

- I authorise UCOL to conduct such enquiries, and to obtain such information from any other person(s) it considers reasonably necessary, to determine my suitability for the Programme, and this Consent shall be a valid authority and direction under the Acts for such purposes (e.g. obtain diversion/youth offence records).
- **Please note:** all places on this programme are subject to a verified and satisfactory police check. If an unsatisfactory check is received, your enrolment will be reviewed, and your place on the programme may be cancelled. You are also required to inform the UCOL Student Information Team if you are the subject of any police or criminal proceedings at any time during the programme. Failure to do so may result in your place being withdrawn.

Signed:

Date:

**UCOL Palmerston North** 18 Princess Street Private Bag 11022 Palmerston North 4442 New Zealand Phone 06 952 7000

**UCOL Wairarapa** 143-159 Chapel Street PO Box 698 Masterton 5840 New Zealand Phone 06 946 2300

**Whanganui UCOL** 16 Rutland Street Private Bag 3020 Whanganui 4540 Phone 06 965 3800

**General and Course Information Phone 0800 46 82 65 Email [enquiry@ucol.ac.nz](mailto:enquiry@ucol.ac.nz) Website [www.ucol.ac.nz](http://www.ucol.ac.nz)**

## Section 1: Approved Agency to complete

(For more information please see the [Guide to Completing the Consent Form](#))

### Name of Approved Agency submitting vetting request:

Universal College of Learning (UCOL) – Agency Number: U70006

### 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                 |                                                         |                                     |                                    |

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

- |                                                                                              |                                                    |
|----------------------------------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Yes (VCA Core Worker)                                               | <input type="checkbox"/> Yes (VCA Non-Core 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)

- A primary ID has been sighted (Mandatory – see the [guide](#) for further details)
- A secondary ID has been sighted (Mandatory – see the [guide](#) for further details)
- One form of ID is photographic (Mandatory – see the [guide](#) for further details)
- 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:**

Universal College of Learning (UCOL) – Agency Number: U70006

**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/state/country)

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, including family violence incidents, and investigations that did not result in prosecution
  - 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).

Please see the [guide](#) for more information regarding the Clean Slate legislation.

3. The Police Vetting Service may disclose new relevant information to the Approved Agency after the completion of the Police Vet in the following circumstances:
  - The vetting request was submitted as part of a children's worker safety check under the Vulnerable Children Act 2014; and
  - The Police vet was completed within the past three years; and
  - The release of new information is considered justified under the Privacy Act 1993

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.

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

Signature: \_\_\_\_\_ Electronic Signature