



Police Vetting: Request and Consent Form

For Labour Weekend National Camp

We reserve the right to require you to complete a form if you are under the age of 18 years old

Family Name:

First Name:

Maiden Name (If applicable):

Middle Name/s:

Gender: Male / Female

Date of Birth:

Country of Birth:

Place of Birth (Town/City):

NZ Drivers Licence (5a):

OR Passport Number:

Country of Issue:

I have provided a scanned photo copy of my NZ drivers licence **OR** passport with this application.

Residential Address:

Suburb:

City:

I hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to ELEVATE Christian Disability Trust. 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. For more information on your rights, please visit:

<http://www.police.govt.nz/advice/businesses-and-organisations>.

PLEASE SEND THIS FORM AND ATTACHMENTS BY POST OR EMAIL (see details below).

Signed: _____

Date: _____



Postal Address: PO BOX 13-322, Onehunga, Auckland 1643

Physical: 173 Mt Smart Rd, Onehunga, Auckland

Phone: 64 9 636 4763

Web: www.elevatecdt.org.nz

Email: info@elevatecdt.org.nz