



Police Vetting: Request and Consent Form

FOR ELEVATE FAMILY CAMP

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

Website: <https://elevatecdtcamp.org.nz/family-camps/>

Email: familycamp@elevate.org.nz

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/vetting>.

PLEASE SEND THIS FORM AND ATTACHMENTS BY POST (see details below) OR EMAIL familycamp@elevate.org.nz

Signed: _____	Date: _____
---------------	-------------

National Support Office
PO Box 13-322, Onehunga, Auckland 1643
173 Mt Smart Rd, Onehunga, Auckland
Ph: +64 636 4763, info@elevatecdt.org.nz
www.elevatecdt.org.nz

