

2018 Application for Upgrade to Full Membership of NZAC with Overseas Counselling Qualification

Upgrade from Provisional to full Member status requires that applicants satisfy the following requirements:

1. Is a person of good character.
2. Has been in ongoing counselling practice in New Zealand as a Provisional Member.
3. Have completed a minimum of 300 hours of counselling practice since being granted provisional membership.
Up to 100 hours can be made up of telephone, group and online in real time (Skype, Zoom, Facetime). Please refer to appendix 1 for telephone counselling criteria.
4. Has completed a minimum of 30 supervision hours with an external supervisor who has been your supervisor 12 months prior to your application and has been a full member of NZAC for 3 years.
5. Have engaged with your Puawānanga Kaitiaki for Puawānanga Kaitiakitanga.
6. And other criteria outlined in the application pack.

Information Sheet

Closing dates for all written applications in 2018

All submissions must be into National Office by the due date.

Late applications will not be considered

Due dates are:

1st July

1st November

Fees:

- **Assessment fee** \$110.00 incl GST
(This is non refundable)
- **Interview fee** \$300.00 incl GST
(If you are granted an interview you will be invoiced for the amount after the assessment meeting. Do NOT send this in with your written submission.)

Interview Venues:

Auckland
Hamilton
Palmerston North

Christchurch
Dunedin

Read the information below before making your application:

- Ensure your application is complete to enable the process to proceed.
- Candidates will be interviewed by a Membership Interview Panel, confirmed by the Membership Committee and ratified by National Executive.
- If you have had any complaint(s) about your practice, full disclosure is required when you present your application. This will then be fully discussed by the Membership Committee before any assessment can take place.
- If you have any criminal conviction(s) since being granted Provisional Membership status, full disclosure is required when you present your application. This will be fully discussed by the Membership Committee before assessment can take place.
- Where a Police vetting form raises concerns in relation to the good character criteria for membership a candidate will be required to attend a Special Interview Panel before the application is processed. This will be at your own cost.
- The information gathered in this application pack will be used for the purposes of assessing your suitability to be a NZAC Member and will be kept on file until you become a full Member or if you resign before this time. Personal contact details will be used to send you material (newsletters, updates etc) from the National Office or from delegated representatives of NZAC (e.g. Branch Secretaries).
- If assistance is required please contact the Membership Manager: membership@nzac.org.nz or refer to the information under <http://www.nzac.org.nz/membership.cfm>

Submission of your application:

- All applications to be single sided with no staples, consistent font, size 12 or 14 with standard margins, no binding nor folders.
- Put everything into one plastic sleeve.
- Read the guide about how much to write on each topic.
- The application is to be fully read and discussed with your supervisor.
- Each page of your application needs to be initialled by your supervisor. Puawanaga Kaitiaki initials Section 9.
- Do not send in your counselling log as your supervisor's report confirms that they have seen it.
- Do not send any original copies of qualifications or certificates. Take the originals to your supervisor to verify and sign the copies.
- Keep a copy of your application.

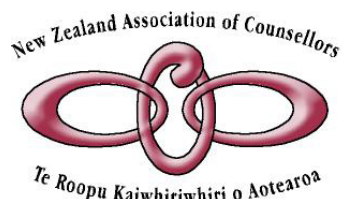
Checklist: (Please tick each box as you complete it)

1. ☐ Payment Sheet on top
2. ☐ Your written application
3. ☐ Your supervisor's report
4. ☐ Letter from your employer(s)
5. ☐ Support letter(s) from NZAC Member(s)
6. ☐ Enclose copies of any personal disclosure statements or other advertising material such as business cards.
7. ☐ Report from Puawānanga Kaitiaki
8. ☐ Letter from other professional body (if applicable)
9. ☐ A verified copy of counselling qualification
10. ☐ One recent passport sized photo with your application
11. ☐ Police Vetting form

Send your application to:

NZAC
PO Box 25154
Wellington 6146

Date received (Official use only)	
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2019

Section 1

Counsellor Education Programme Graduate

First Names	
Family Name	
Your preferred name (this will be on all documentation you receive)	
Date of Birth	
Citizenship status	
Ethnicity	
Iwi / Hapu (if applicable)	
Postal Address	
Town / City	
Post Code	
Home Phone Number	
Work Phone Number	
Mobile Number	
E-Mail Address	
Website (if applicable)	

Main Employer:	
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Work Address:	
Work Telephone:	
Website: (if applicable)	

Membership of other counselling professional bodies (e.g. ANZASW, NZAP etc)

Counselling Education

Counsellor Education Provider	
Name of qualification	
Date when qualification completed	

External Individual Supervision Contract with a NZAC Supervisor

Name of Supervisor(s)	
Length of contract	

Puawānanga Kaitiakitanga

Name of Puawānanga Kaitiaki	
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Section 2

Criminal Conviction or Charges Declaration

(Please circle one of the following)

Do you have any criminal convictions or are you under investigation, or aware of any charges pending in New Zealand or in any other country, other than minor traffic infringements?

Yes	No
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If **“yes”** attach a detailed statement outlining your conviction details and / or information about the pending charges, in a separate document.

NB: All candidates with previous convictions may be required to be interviewed by a Special Interview Panel in accordance with the NZAC's good character policy. This will be at your own cost and before any decision about membership can be made.

Professional Conduct Declaration

(Please circle one of the following)

1.	Are you or have you ever been the subject of formal professional disciplinary proceedings that have been upheld in New Zealand or another country?	Yes	No
2.	Are you or have you ever been the subject of a complaint that has been upheld to the New Zealand Health and Disability Commissioner, or an equivalent officer in another country?	Yes	No
3.	Have you ever applied, withdrawn or been declined for registration as a health practitioner?	Yes	No
4.	Are you currently a member of any other professional body representing counselling, psychotherapy, health or social services field? Name of professional body: _____ You will be required to supply a letter from this body to say that you were/are not subject to any concern(s) / complaint(s) about your practice.	Yes	No
5.	Have you previously been a member of any other professional body representing counselling or psychotherapy? Name of professional body: _____ You will be required to supply a letter from this body to say that you were/are not subject to any concern(s) / complaint(s) about your practice.	Yes	No

If you have answered **“yes”** to any of the questions above attach a detailed statement outlining the issues and any sanctions in a separate document.

Candidate Declaration

I declare that the information provided in this application is true and correct and hereby authorise NZAC to contact any person or organisation named in this application about any matter relevant to my application.

I also confirm that I have fully discussed in supervision:

- a. Any previous criminal convictions, or any charges pending that I have, other than minor traffic infringements?
- b. Any complaint(s) / concern(s) raised by any other professional bodies.
- c. Any complaint(s) / concern(s) raised within current or former employment.

Candidate's name: _____
(Please print)

Candidate's signature: _____

Date: _____ / _____ / _____

If you do not disclose all information or are dishonest in the information given, your application may be declined.

Section 3

1. Details of your counsellor education

Attach copies of your counselling qualifications, including academic transcripts. These documents must be verified and signed either by your employer or supervisor as a true and correct copy of your qualification.

2. Letters supporting your application

Either

- a. If you are in paid or voluntary work attach:
 - A letter from your employer(s) supporting your application. Ensure they describe your position and confirm whether or not you are, or have been the subject of any ethical complaints that have been upheld.
 - One character reference from a full Member of NZAC.

Or

- b. If you are in Private Practice provide character references from two full Members of NZAC.

Then

- c. If you belong to any other professional body, provide a letter to confirm that you have not been, nor currently are subject to any ethical complaints.
- d. If you have any personal disclosure statements or other advertising material enclose copies.

Section 4

1. Evidence of completing 3 NZAC activities.

For instance attending local NZAC Branch meetings or NZAC Professional Development day.

2. Evidence of ongoing professional development.

Detail any professional development you have undertaken since completing your counsellor education. Do not send in copies or certificates – list only.

- a. Provide course title(s), name of professional development provider and the duration of the course.
- b. Provide your current CPD plan.

3. Counselling experience since completing your qualification

Describe in detail what has been the main focus of your counselling practice (paid or voluntary) since completing training. (One page)

Section 5 - Theoretical Frameworks

Reflective practice in counselling can only be achieved by counsellors identifying their own theories-in-use through a process of critical thinking.

1. Describe your personal beliefs and values, which inform your work with clients. (Guide: one page)
2. Name and describe two models of counselling theory that inform your practice and how they have been developed and applied in your practice. (Guide: two pages)

Section 6 – Personal Development

1. Describe what you have learned or gained from personal counselling, reflection and learnings from significant life events or experiences. (Guide: two pages)
2. Describe your experience as a participant in a therapeutic group, and reflect on the value of this experience for you. (Guide: one page)
3. Describe your approach to developing self-awareness and personal efficacy in relation to your counselling practice. (Guide: one page)

Section 7 - Ethics in Practice

Describe a situation that arose when interacting with a client or clients when there were multiple ethical principles to be considered and where there are a number of possible options to choose from, each option carrying potential risks and benefits. Choose an intervention(s) where the aim is to minimise the risk of harm to the client and/or others.

The questions below will guide you through describing first the case, by outlining the sequence of events, and then the process of your decision-making, including asking you to refer to the NZAC Code of Ethics.

You are being asked to demonstrate how you integrate the *NZAC Code of Ethics* into your counselling practice. To do this you may find it helpful to make use of the book:

Crocket, K., Cornforth, S. & Agee, M. (Eds). (2011). *Ethics in Practice: A Guide for Counsellors* Wellington, NZ: Dunmore, especially Chapter 1.5 Making Decisions for Ethical Action.

1. Introductory Information

Provide us with the context, by telling the story, in brief, of the case in which the ethical concern arose. Try to keep this within 300 words.

2. Identify the issues involved in this case

- a. describe the concern(s) and your initial response;
- b. refer to your own personal values and principles;
- c. discuss any cultural and social justice issues that you needed to consider;
- d. outline any initial conversation you may have had with your supervisor that helped you identify the issue;
- e. identify which ethical values and principles from the NZAC Code of Ethics you needed to consider;
- f. identify any relevant clauses from the Code's Guidelines
- g. what, if any, conflicts between parts of the Code did you identify?
- h. refer to any laws, organisational policies, contracts or other rules that you needed to consider.

3. Other perspectives

- a. Describe the work you did with your supervisor on the issue.
- b. Who else and/ or what resources did you consult?
- c. What was added to your understanding by these other perspectives?

4. Options and Action

- a. Which options did you consider? In each case what were the potential benefits and potential harm?
- b. What did you decide to do, and what were your reasons for choosing this option?

- c. How did you then enact this with your client/s?
- 5. What followed
 - a. How did your decision or action affect your client/s, the counselling relationship, and you at first and/or later?
- 6. For the future
 - a. What use did you make of your supervision in processing your learning?
 - b. How will this experience inform your future practice?

Section 8 - Future Development

- 1. Describe the strengths and qualities you bring to your work. (Guide: one page)
- 2. a. What are some of the challenges you face in relation to your professional practice? (Guide: one page)
 - a. What steps are you taking to address these? (Guide: one page)

Section 9 – Puawānanga

This is a time of Learning

"Tahia te ara kia kite ai te huarahi
 Ahu atu te mata ki te ao marama
 Kei kona nga uri whakatipu
 Kahore ano i whanau mai
 E tatari mai ana ki a koe"



"Clear away the obstacles so that the pathway forward may be seen. Turn your face to the world of light, for there the unborn generations are waiting for you"

Puawānanga - it is a white Clematis plant known to Māori as a child of two stars of heaven.

Rehua – the father star, whose appearance is a sign of summer coming.

Puanga – the mother star, whose twinkling foretold the kind of season we are about to have. Twinkles to the North indicates a prosperous year; an abundance of food. Twinkles to the south, a leaner year.

When Puawānanga star shaped flowers appeared, Tohunga would start their school of learning. People would also take this as a sign to become active again, a time for feeling and preparing the grounds ready for spring.

In this context it is about bringing to fruition/ to blossom and growing our learning, our own understanding of identity and relationship to Tangata Whenua in Aotearoa, as NZAC members and applicant members.

We acknowledge Vivienne Body for the koha of this kōrero, the Puawānanga name, and both Vivienne Body and Teina Piripi for the koha of Tihei-Wa Mauri Ora to be used in this application process.



The Puawānanga Process

Puawānanga is a process, based on a relationship with your Puawānanga Kaitiaki which supports the first object of the NZAC Constitution, Te Tiriti o Waitangi, and achievement towards cultural understanding and competence.

To complete this section of the application process, you are required to engage with a Puawānanga Kaitiaki (someone of Māori descent who is able to provide support for you under this process). Their role will be to help you work through the “Let’s Get Real - Working with Māori” module. There are 3 parts: Part 1 (A) and (B). Two reflections to submitted. On the level that you select (i.e. Essential, Practitioner or Leader) only choose one. <https://www.tepou.co.nz/resources/lets-get-real-working-with-maori-learning-module/205> and to become familiar with the “Tihei-Wa Mauri Ora: Indigenous Resource”.

1. Reflections

a. First written reflection

Provide responses for the following three domains utilising the “Tihei-Wa Mauri Ora: Indigenous Resource” (minimum of two pages).

- What do you know and understand of your own cultural identity? How has that informed your values and principles? How is that reflected in your counselling practice?
- What is your understanding of colonisation in Aotearoa? What has been the impact on tangata whenua? What is your understanding of privilege within the context of Aotearoa? How might these things be considered when working with Māori clients?
- How do you actively engage with Māori clients and their whanau? What specific practices achieve positive engagement with Māori? Provide examples in your own practice.

Create one goal for each of the above three domains that would assist your progression towards cultural competence.

b. Second Reflection

Reflect on your experience of engaging in the Puawānanga process. Include reflections/comments on utilising the Tihei-Wa Mauri Ora self resource, let's get real workbook and engagement with your Puawānanga Kaitiaki (minimum of two pages).

These written reflections need to be sighted and signed by the Puawānanga Kaitiaki and submitted with your application.

2. Korero with a Puawānanga Kaitiaki

Engage with a Puawānanga Kaitiaki, for a minimum of three sessions. The Puawānanga Kaitiaki is expected to be someone of Māori descent (include the iwi), comfortable with Te Ao Māori, and can therefore assist the applicant in the reflection process, and to be able to highlight potential issues and learnings needed.

The korero should include:

- Use of the “Tihei-Wa Mauri Ora Indigenous Resource” and personal experience of it
- Engagement with the “Let’s Get Real - Working with Māori” module <https://www.tepou.co.nz/resources/lets-get-real-working-with-maori-learning-module/205> and any issues that arise from that. Use the learning module, which is most appropriate for you: Essential, Practitioner or Leader.
- Discussion around the applicants written reflections, including any challenges and/or concerns.

This is not submitted with the application.

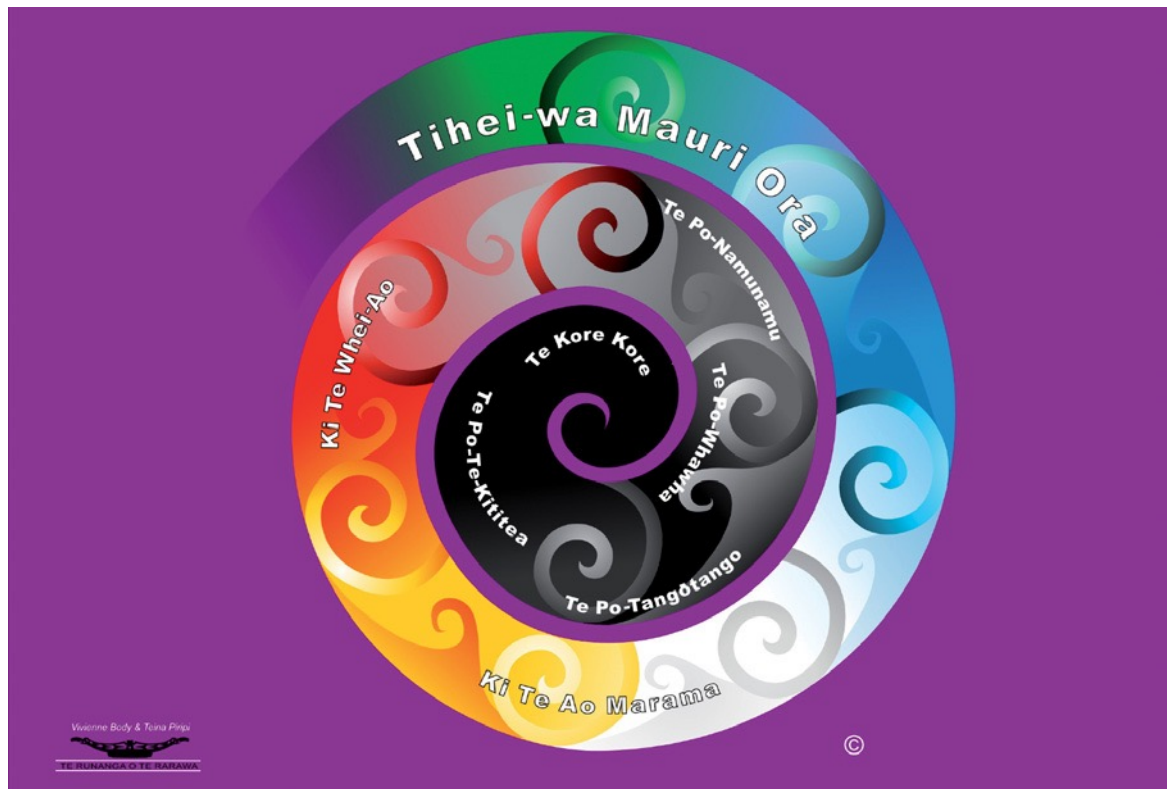
3. Puawānanga Kaitiaki Report

The Puawānanga Kaitiaki Report is completed by the Puawānanga Kaitiaki (who must be of Māori descent), and confirms that:

- ☐ A minimum of three Puawānanga Kaitiakitanga sessions were held.
- ☐ The applicant engaged with the “Tihei-Wa Mauri Ora Indigenous Resource” (Piripi & Body 2010, 2013) to enhance their experience of Te Ao Māori, and to demonstrate their bi- cultural counselling practice.
- ☐ The ‘Let’s Get Real - Working with Māori’ module was part of the korero.
- ☐ The Puawānanga Kaitiaki sighted and signed the applicant’s reflections.
- ☐ The Puawānanga Kaitiaki supports the applicant’s application.
- ☐ Any further comments the Puawānanga Kaitiaki would like to provide (this is optional)

This is signed by the Puawānanga Kaitiaki and given to the applicant to submit.

Tihei-Wa Mauri Ora Background



"Tihei-Wa Mauri Ora" was developed by Teina Piripi & Vivienne Body. It's an indigenous resource, and a self-assessment through a Maori lens, to gain further understanding of where you are right now with your understanding of your own cultural identity (no right or wrong). This is traditional Māori knowledge, he taonga tuku iho.

Helpful Questions in utilising Tihei-Wa Mauri Ora

- Discuss your understanding of what that place is for you? How have you come to this understanding? How have you arrived in this place? What got you to here?
- How is it for you to have come to this understanding? Be here? Is it okay/ not okay – are you comfortable?
- Where does that take you to after making these discoveries? How have you been moved?
- What might help you progress in your development towards the next step on Tihei-Wa Mauri Ora?

TIHEI-WA MAURI ORA



References:

- Te Pou O Te Whakaaro Nui (2009). Let's Get Real – Working with Maori, Learning module. <https://www.tepou.co.nz/resources/lets-get-real-working-with-maori-learning-module/205> (N.B. if this link does not work please copy and paste this address or type the full address into your web browser)
- Nga Pukenga Ahurea: Takarangi Competency Framework.
- Marsden, M. (2003). God, Man and Universe: A Maori View. In The Woven Universe: Selected Writings of Rev. Maori Marsden. (ED). Royal
- Piripi, T. & Body, V. (2010). Tihei-wa Mauri Ora! The New Zealand Journal of Counselling. Vol 30, (1)
http://www.nzac.org.nz/new_zealand_journal_of_counselling.cfm
- Piripi, T. & Body, V. (2013). Tihei-wa Mauri Ora: Te Tipuranga. In Pacific Identities and Well-being: Cross-Cultural Perspectives. (ED). Agee, M. McIntosh, T. Culbertson, P. 'Ofa Makasiale, C. Otago University Press.

Part A - Supervisor's report – Upgrade to Full Member

To be completed in collaboration with the candidate.

The supervisor must be a full Member of NZAC for at 3 years
and has been this candidate's supervisor for 12 months.

Name of Supervisee: _____
(Please print)

Name of Supervisor: _____
(Please print)

1. Frequency of supervision.

2. Start and end date of supervision contract.
Start date:

End date:

3. Total number of hours of supervision undertaken to this point).

4. Do you have administrative or statutory responsibility for the candidate's work? (Please circle the relevant answer)
If "yes" please explain this relationship.

Yes	No
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5. Number of supervised counselling hours completed. (min 300 hours)

6. a. Number of hours as a facilitator and/or co-facilitator of therapeutic group(s)
b. Number of telephone counselling hours.
c. Number of on-line counselling hours.

7. Counselling Log seen. (Please circle the relevant answer)

Yes	No
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It is a requirement that at least 2 recordings (audio and/or video) of the candidate's work with clients are made available to the supervisor for discussion before an application is submitted.

8. Your experience of the candidate's work has been from:

- ☐ Video ☐ Audio
☐ Transcripts ☐ Observing counselling session(s)
☐ Other _____

9. To your knowledge has the candidate ever been or is currently, the subject of a concern or complaint about unethical or unprofessional conduct?

Yes	No
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If "yes" please comment on a separate sheet

The candidate has completed a minimum of 300 hours of counselling practice and 30 hours of supervision since being granted provisional membership.

Up to 100 hours can be made up of telephone OR group OR online in real time (Skype, Zoom, Facetime). This is not to be a combination of these to make up the 100. Refer to appendix 1 for telephone counselling criteria.

Supervision Declaration

Supervisee

I certify the information provided in this application is true and correct and to the best of my knowledge I uphold the NZAC Code of Ethics. I also confirm that I have discussed in supervision:

1. Any offence of which I have been convicted.
2. Any complaint(s) / concern(s) raised within my current or former employment and/my professional body.

Candidate's signature: _____

Date: _____ / _____ / _____

Supervisor

This candidate's application conforms to my experience of this supervisee and their work. I have read and sighted the candidate's log of face-to-face practice and professional development list and to the best of my knowledge, the information contained in it is correct. I have also read sighted and initialled each page of the application.

It is my view that this person is of good character and is fit to practise.

Supervisor's signature: _____

Date: _____ / _____ / _____

Please contact the Membership Manager (membership@nzac.org.nz) for assistance if you have any queries or concerns.

Part B - Supervisor's report

As a separate typed document

Please respond to the below in as much depth as possible so that the Assessment Team can make a better informed decision regarding this candidate. Your report is also given to the interview panels members to read before the interview, to familiarise themselves with the candidate's work.

1. The candidate's ability to establish and maintain a therapeutic counselling relationship with clients.
2. The extent to which the candidate demonstrates effective practise as a counsellor and how the candidate integrates, their personal theories of counselling to respond to each client's particular needs.
3. The candidate's ongoing commitment to the development of self-reflection.
4. The candidate's engagement with the supervision process and how they have approached challenges and developed their practice.

5. Do you believe the candidate understands the implications of the NZAC Code of Ethics? What evidence supports this belief?
6. Recommendations for further training and / or development.
7. Any further comments you wish to make.

Appendix 1

Please demonstrate your telephone counselling hours meet the following criteria:

The agency providing the telephone counselling service has:

1. A Job Description and contract and a selection process for training with declaration of criminal convictions etc.
2. Training with attention to the Te Tiriti o Waitangi / Treaty of Waitangi.
3. A post-training assessment process.
4. Close supervision or a Buddy system when starting.
5. The counselling must be of a therapeutic nature and at least 30 mins to 1 hour duration.
6. Preferably a note taking data base where questions and answers are frequently reviewed by the supervisor.
7. Follow-up and debriefing with preferably an alert system for immediate back-up.
8. It is desirable that agency has a follow-up service to clients after several weeks.
9. Individual or facilitated group supervision from an external supervisor - not line management.
10. On-going professional development with the agency.
11. A documented complaint process for clients.

Vetting Service

Request and Consent Form

This Police vetting form is in two parts. Section 1 is the Evidence of Identity and Section 2 is the Request and Consent Form. In Section 1 the New Zealand Police require that you get a Trusted Referee* to check your identity against an appropriate form of identity. Section 2 is for you to read and complete.

Section 1: EVIDENCE OF IDENTITY (ID)

for further information, see <http://www.dia.govt.nz/Resource-material-Evidence-of-Identity-Standard-Index>

I confirm that the identity of the applicant has been checked as follows:

I

have sighted the ID documents below, and verified the photo against the applicant in person (mark box)

☐ Primary ID document (e.g. passport, original birth certificate, firearms license etc *see link above*)
and

☐ Another form of ID (e.g. driver licence, 18+ card, Community Services Card, etc *see link above*)
and

☐ One of the above must be photographic – confirm comparison made
and, if applicable

☐ Evidence of name change where names differ (e.g. marriage/civil union certificate, statutory declaration, etc)

[*a trusted referee must be over 16, and not be related, or a partner/spouse, or a co-resident of the applicant, and be either a person of standing in the community (e.g. registered professional, religious or community leader, Police employee) or registered with the Approved Agency.

The trusted referee must:

sign and date the copies of identity documents, and endorse each of them appropriately e.g.

"I have sighted the original version of this document"

"I have sighted the original version of this document and I have compared the photographic image with

[name of applicant]

and confirm they appear the same person."

provide his or her name and contact details.

Trusted Referee Confirmation:

Name:

Signature:

Date:

Name of Approved Agency submitting vetting request:

New Zealand Association of Counsellors

Section 2:

Applicant to complete and return to Approved Agency (NZAC)
with this application (the Approved Agency will submit the vetting request to NZ Police and receive the vetting result)

PERSONAL INFORMATION

Details (note: the name you are most commonly known by is your primary name)

*Family name: (Primary)	<input type="text"/>	First name(s): (Primary)	<input type="text"/>	<input type="text"/>
*Gender:	(M) <input type="checkbox"/> (F) <input type="checkbox"/> (Other) <input type="checkbox"/>	*Date of birth: (dd/mm/yyyy)	<input type="text"/>	
*Place of birth: (town/city/state)	<input type="text"/>	*Place of birth: (country)	<input type="text"/>	
NZ Driver Licence number: (*where held - for ID verification by NZ Police – optional)	<input type="text"/>			

If applicable, please include other names and mark them A, M, or P as appropriate:

(A) alias or alternate name(s)

(M) married name if not primary name

(P) previous/maiden/name changed by deed poll or statutory declaration

Family name: (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	First name(s): (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Family name: (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	First name(s): (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Family name: (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	First name(s): (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Family name: (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	First name(s): (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Permanent New Zealand Residential Address

*Number/Street:	<input type="text"/>		
Suburb:	<input type="text"/>	Post Code:	<input type="text"/>
*City/Town/ Rural District:	<input type="text"/>	*Period of Residence:	<input type="text"/>

**Denotes a mandatory field*

Section 2:
continued

**Applicant to complete and return to Approved Agency (NZAC)
with this application** (the Approved Agency will submit the vetting request to NZ
Police and receive the vetting result)

CONSENT TO DISCLOSURE (for a New Zealand Police Vet Check)

- for further information, see <http://www.police.govt.nz/advice/businesses-and-organisations/vetting>

I acknowledge and understand as follows:

1. The information about me that NZ Police may consider relevant to my application and release in vetting comprises any conviction history and, for certain agencies, infringement/demerit reports; and it may include other information such as active charges and warrants to arrest, any information received or obtained by NZ Police, and any interaction I have had with NZ Police in any context (including family violence), even where I have not been charged, or charges are withdrawn, or I have been acquitted (not guilty) of a charge, or I have been discharged without conviction.
2. Any conviction history will be released in accordance with the Criminal Records (Clean Slate) Act 2004; this means that, if I am 'eligible' for clean slate (e.g. no convictions for 7 years, never been to prison, no convictions for specified sexual offending, etc – see section 7 of the Act):
 - a) my criminal record of convictions will not be disclosed; but
 - b) if the role for which I have applied is an exception to the clean slate scheme (e.g. predominantly involving care and protection of a child or young person), my criminal record of convictions will be disclosed.
3. Where relevant information is subject to statutory or Court-ordered name suppression or prohibitions on disclosure, or other constraints on disclosure such as expectations of confidentiality or the protection of active criminal investigations or the safety of individuals, NZ Police may issue an alternative vetting result stating the existence of relevant non-disclosable information, without details.
4. Where new information is obtained by NZ Police after the completion of my Police vet, NZ Police may disclose this information to the Approved Agency, and where appropriate to the Vulnerable Children Act Exemptions Administrator, if the information is considered relevant to the purpose of the Police vet.
5. The personal information I provide in this form is being collected for vetting purposes, and may also be used for the purpose of updating NZ Police records.
6. I may withdraw this consent, prior to Police's disclosure of the vetting result, by notifying the Approved Agency who will immediately notify NZ Police to cease the vetting process (any fee remains payable by the Approved Agency).
7. I am entitled to access the vetting result released to the Approved Agency and seek correction of Police information about me in accordance with the Privacy Act 1993 by making a request to the 'Approved Agency' in the first instance.
8. No later than twelve months after the release of the vetting result, the Approved Agency will securely dispose of this consent form and copies of identification documents, as well as the vetting result released by NZ Police, unless a longer retention period is required by legislation applying to the Approved Agency.
9. The information I have provided in this form relates to me and is correct.

Applicant's Authorisation

☐

I have read and understood the information above

☐

I authorise NZ 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.

Signature of applicant

Date:

Date received (Official use only)	
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Payment Options

Assessment fee for Upgrade to Full Membership status: (Non-refundable even if the application is unsuccessful)	\$NZ 100.00
Police Vetting Fee (compulsory):	\$NZ 10.00
Total:	\$NZ 110.00

Please complete the form below and send it in with your application.

First Names:	
Family Name:	

There are 3 payment options (Tick which option chosen)

☐

Option 1: Internet banking

Account name: NZAC

Account number: 06 0569 0127620 000

Reference: Code: Write your Family Name and Initials in the
reference code (e.g.BLOGSJ)

☐

Option 2: Cheque

Made out to "NZAC"

☐

Option 3: Credit Card (Please circle the relevant one)

Please debit my: Visa MasterCard American Express Card

Card number:

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Expiry Date:

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Amount to charge: \$ NZ _____

Name on Card: _____

Tick the box if you require a receipt

☐

Direct Debit option: Please follow instructions accurately and make payment at the time of your application. Failure to do this will delay your application

Post this form together with all associated documents to:

NZAC, P.O. Box 25154, Wellington 6146

(Please note: if all documents are not included the application will be returned to you)

