ORANGA TAMARIKI
Ministry for Children

Authority to release information

Non-Government Organisation (NGO): (to be completed by the NGO)			
Organisation (NGO)	Community Living Limited		
OT Funded Programme			
Contact name	Camille Jury		
Organisation Address	PO Box 292, Hamilton 3240		
Contact phone number	07 834 3700		
Contact email address	vacancies@communityliving.org.nz		
Applicant Name			
Position applying for		Existing ◯	New ◯
Does this position require contact with children/young people?		Yes ◯	No ◯
Type of contact with children/young people:	**Caregiver / In Home Carer** (complete **ALL** sections) ◯	**Staff & Others** (complete sections 1&2) ◯	

Please forward all completed forms to the NGO Caregiver Vetting Service

NGO_Caregiver_Vetting@ot.govt.nz or Private Bag 68-911, Newton, Auckland 1145

Privacy statement (must be read in full by applicant and signatories)

By signing this document, I confirm that:

- I understand the information provided in this form is for the purpose of assessing my suitability to work with children and/or young people, and
- I am giving authority for Oranga Tamariki to search any relevant database and provide applicable information about me (and anyone named on this form*) to the NGO named above, and
- I understand that information about my household and family members is required to be provided by me so that any risk to any children/young people placed in my care may be properly assessed, and
- This information may include (but is not limited to):
  - *reports of concern made to Oranga Tamariki and any ensuing investigation in relation to myself, members of my household or members of my family*
  - *notifications to or from other government departments (e.g. Police/Corrections) that Oranga Tamariki is aware of regarding*
    - *my associates and/or family members*
    - *my employment with Oranga Tamariki or another organisation, including the reason for my dismissal, if applicable.*
- I understand Oranga Tamariki will provide the information from any relevant database to the NGO directly, taking into account the position I have applied for and what is considered relevant to assessing my suitability to work with children and/or young people. This includes information relating to family/household members as above, and
- If I do not provide all the information in this form, my application may not be processed, thereby affecting my potential for employment.

***You should advise anyone named on this form that their details <u>will</u> be searched in the database however only information that is considered relevant will be released.**

Signed: _____ Signed: _____

Applicant 1 signature *If applicable* - **Applicant 2 signature**

Please note that all information released to the NGO must be managed in accordance with the Privacy Act 2020 and used solely for the purpose of assessing your suitability to work with children and/or young people. If you have concerns about the results of this search, you should discuss them with the NGO, in the first instance.

You have the right to ask to see the information that Oranga Tamariki holds about you, and where applicable request a correction or amendment of it.
To request personal information: *contact Customer Information Requests 0508 326 459 or myrequest@ot.govt.nz*
To request a correction*: call 0508 326 459 or visit https://www.orangatamariki.govt.nz/about-us/contact-us/feedback/*

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Applicant must complete **all required sections in full** using BLOCK CAPITALS. Incomplete forms will be returned for completion.

Section 1: Applicant Details – Applicant 1

First name			
Middle name(s)			
Surname			
Date of birth			
Place of birth		Iwi/village	
Ethnicity		Gender	
Occupation		Employer	
Home Phone		Mobile	
Email			

Are you or have you ever been known by any other name? **Yes** ◯ **No** ◯

(*e.g. maiden, alias, previous name, another legal name, nickname*)

If **"YES"** provide details in box below.

Current Address – Applicant 1

Number		Street	
Suburb		City	
Country		Post code	

Provide last THREE previous New Zealand addresses – Applicant 1

Number		Street	
Suburb		City	
Country		Post code	
Number		Street	
Suburb		City	
Country		Post code	
Number		Street	
Suburb		City	
Country		Post code	

If you are unable to provide three previous New Zealand addresses, please state why in the box below.

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Applicant 2 details are required for joint positions/dual applications only.

Applicant Details – Applicant 2

First name		Relationship to Applicant 1	
Middle name(s)			
Surname			
Date of birth			
Place of birth		Iwi/village	
Ethnicity		Gender	
Occupation		Employer	
Home Phone		Mobile	
Email			

Are you or have you ever been known by any other name? **Yes** ◯ **No** ◯

(*e.g. maiden, alias, previous name, another legal name, nickname*)

If **"YES"** provide details in box below.

Current Address – Applicant 2

Number		Street	
Suburb		City	
Country		Post code	

Provide last THREE previous New Zealand addresses – Applicant 2

Number		Street	
Suburb		City	
Country		Post code	
Number		Street	
Suburb		City	
Country		Post code	
Number		Street	
Suburb		City	
Country		Post code	

If you are unable to provide three previous New Zealand addresses, please state why in the box below.

Authority to release information

Section 2: Children and Dependents

	Yes	No
*This question refers to your **OWN** children (i.e. biological children/adopted children)* Do you have, or have you had any children?	◯	◯
*This question refers to **OTHER** children currently in your care* Are you currently providing care for children, other than your own, under 18 years of age?	◯	◯

If "**YES"** to either question, provide the required details below.

FULL NAME e.g. Jane Anne Doe	**OTHER KNOWN NAME** e.g. Maiden/Alias/ Married/Nickname	**DATE OF BIRTH** DD/MM/YYYY	**RELATIONSHIP TO YOU** e.g. son/daughter/ stepson/whānau child/niece/ grandchild/other	**IS THIS CHILD A HOUSEHOLD MEMBER?** (this includes both permanent & occasional) **Yes** ◯ **No** ◯

Are you, your family or household members (if applicable) known to Oranga Tamariki or preceding agency CYF or any other child protection agency?	Yes	No
	◯	◯

If "**YES"**, provide details in the box below including date, place and circumstance. Include any investigation or appearance in the Family Court for care and protection/custody/guardianship or disputes either in New Zealand or overseas.

Are you currently, or have you ever, worked with children and/or young people?	Yes	No
	◯	◯

If "**YES",** provide the name of the Organisation/Employer, your position and dates to and from in the box below.

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Section 3: Household
(for Caregiver / In Home Carer type roles only)

Are there **any other** people living in your home permanently/from time to time excluding those previously declared in Sections 1 and 2? (For example: *spouse/partner, parent, flatmate/boarder etc.)*	Yes	No
	○	○

If "YES" provide details below:

FULL NAME e.g. Jane Anne Doe	**OTHER KNOWN NAME** e.g. Maiden/Alias Married Name	**DATE OF BIRTH** DD/MM/YYYY	**RELATIONSHIP TO YOU** e.g. partner/spouse / flatmate/ boarder parent / niece	**SIGNATURE** (Required for household members aged 18 years and over) I have read and understand the cover page.

I/we confirm the information I/we have provided on this application is true and correct.

Applicant 1 signature_____**Date**_____

(If applicable)

Applicant 2 signature_____**Date**_____