



Police Vetting: Request and Consent Form



FOR NATIONAL JOY MINISTRY CAMP

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

Website: <https://elevatecdt.org.nz/joy-ministries/>

Email: jmccamps@elevatecdt.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 OR EMAIL (see details below).

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

