



## CONSENT TO DISCLOSURE OF INFORMATION

I,.....  
(Surname) (Fore Names)

..... Gender..... (M/F)  
(Maiden or any other names used)

Date of birth ..... Place of birth .....

Nationality..... Residential Address.....

Suburb..... City.....

NZ Driver Licence number .....

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 please visit the website [www.police.govt.nz](http://www.police.govt.nz).

Signed..... Date.....

**PLEASE RETURN THIS FORM TO ELEVATE CHRISTIAN DISABILITY TRUST  
FOR PROCESSING EITHER BY SCAN AND EMAIL ([info@elevatecdt.org.nz](mailto:info@elevatecdt.org.nz)),  
OR BY POST:**



**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](http://www.elevatecdt.org.nz)