



# HPCAA REGISTRATION

Application to be Registered as a  
Psychologist in New Zealand  
from a New Zealand-trained applicant  
Under the Health Practitioners Competence Assurance Act 2003

## PERSONAL DETAILS

(Please print clearly and complete each number below)

1. **Title:** Mr  Mrs  Ms  Miss  Dr  Other: \_\_\_\_\_

2. **Gender:** Female  Male  Gender Diverse

3. **Date of Birth:** Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

4. **Full Name:** \_\_\_\_\_  
Given/First Names Family/Surname (Please underline your Surname)

5. **Previous Name(s):** \_\_\_\_\_  
(If applicable enclose relevant documents)

6. **Date of Name Change:** Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

7. **Ethnicity:** (Tick the ethnic category most appropriate for you. This data will help the Ministry of Health monitor psychology workforce trends)

- Māori Iwi \_\_\_\_\_
- New Zealand European  Other European (Specify) \_\_\_\_\_
- Pacific (Specify) \_\_\_\_\_  Other Ethnic Group (Specify) \_\_\_\_\_

## CONTACT DETAILS - Please complete all address fields (as required by section 140 of the HPCA Act)

8. **Postal (Mail) Address:** \_\_\_\_\_

9. **Residential (Street) Address:** \_\_\_\_\_

10. **Work Address:** \_\_\_\_\_

11. **Phone and Email Details:** (Include country/area codes) Telephone (Home) \_\_\_\_\_ Mobile \_\_\_\_\_

Telephone (Work) \_\_\_\_\_

Email Address(s) (Print clearly) \_\_\_\_\_

## SCOPES OF PRACTICE FOR REGISTRATION

12. **Scopes of Practice sought for Registration:** (Tick relevant boxes. Refer to back page for definitions of scopes of practice and qualifications)

- "Intern Psychologist" Scope of Practice  "Counselling Psychologist" Scope of Practice
- "Trainee Psychologist" Scope of Practice  "Clinical Psychologist" Scope of Practice
- "Psychologist" Scope of Practice  "Educational Psychologist" Scope of Practice
- "Neuropsychologist" Scope of Practice

## QUALIFICATIONS FOR REGISTRATION

**13. Qualifications for Registration:** (Enter the most advanced qualification first. The Board reserves the right to contact the granting institutions to check information provided).

(1) Qualification: \_\_\_\_\_

Granting Institution \_\_\_\_\_

Country \_\_\_\_\_ Date Conferred \_\_\_\_\_

(2) Qualification: \_\_\_\_\_

Granting Institution \_\_\_\_\_

Country \_\_\_\_\_ Date Conferred \_\_\_\_\_

## INTERNS ONLY

Name of postgraduate diploma (PGDip) / doctoral programme enrolled in: \_\_\_\_\_

University: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

Name of Programme Co-ordinator or Head of Department: \_\_\_\_\_

## PREVIOUS APPLICATION(S) FOR REGISTRATION

14. Have you previously made an application for registration with the New Zealand Psychologists Board? No  Yes

## CHARACTER REFERENCES

15. Three confidential character references, referees should comment on the applicant's character, work experience, and professional standing. The references **must be original, signed, dated, and on official letterhead** (where applicable) and not be more than **three months old** (from the date you signed the application form).

The references may be included with the completed application form documentation or can be sent directly to the Board. **At least one reference must be from a New Zealand Registered Psychologist.**

## CURRICULUM VITAE (CV) OR RESUME

16. A copy of your up-to-date CV must be included with this application form. This must account for all your time and work experience since graduating and must include relevant dates.

## EVIDENCE OF GOOD STANDING

**NOTE:** Applies **ONLY** for applicants who have worked and have been registered, licensed, or chartered overseas.

17. Enclose documentary evidence of Good Standing from any organisation/professional association or regulatory body with which you are currently or have been registered, licensed, or chartered within the past five years. **Document(s) must not be more than three months old from the date your application is signed.**

## RECORD OF CRIMINAL CONVICTIONS

A conviction will not necessarily preclude the granting of registration. The Registrar will consider any conviction(s) on a case-by-case basis. If you have a conviction, please write a letter about the conviction to the Registrar to accompany your application.

18. The Board requires every New Zealand applicant to provide a Record of Criminal Convictions. Please complete the appended **NZ Police Vetting Request and Consent form** which gives the Board authorisation to request disclosure from the NZ Police Vetting Service regarding any interaction you may have had with the NZ Police. You should complete the relevant sections of pages 1 and 3 and you should read and sign page 4 before sending them in with your application. (Leave page 2 blank as it is for the Approved Agency to complete.) If you have resided overseas you will also need to provide a Police Clearance Certificate (such as FBI Criminal Conviction Information / Fingerprint Information in the USA) or an equivalent form detailing any convictions, you have had in any country in which you have lived in the past **5 years**.

**STATUTORY DECLARATION (UNDER THE OATHS AND DECLARATIONS ACT 1957)**

(Consider this Declaration carefully before you sign)

**19. I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING THE SAME TO BE TRUE AND BY VIRTUE OF THE OATHS AND DECLARATIONS ACT 1957. I SOLEMNLY AND SINCERELY DECLARE THAT:**

- 1. All of the information provided with this application is true and correct in every particular and detail;
- 2. I will provide the Psychologists Board with any such further information as it may require;
- 3. I am fit for registration as defined under section 16 of the Health Practitioners Competence Assurance Act 2003 and I know of no information that could cause the Psychologists Board not to be satisfied that I am of good character and reputation and am a fit and proper person to be registered;
- 4. I do not have a mental or physical condition that renders me unable to perform the functions required for the practice of psychology;
- 5. I have the qualifications that are prescribed for the scope of practice that I seek to be registered in, and I am competent to practise within that scope of practice.

Full Name \_\_\_\_\_ Signature \_\_\_\_\_  
(Full Name of Applicant) (Signature of Applicant)

Declared at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Before me \_\_\_\_\_ Signature \_\_\_\_\_  
(Full Name and Signature of person authorised to take a Statutory Declaration)

Address \_\_\_\_\_

Occupation \_\_\_\_\_

**NOTE FOR APPLICANTS:** If the Statutory Declaration is made in New Zealand, it **must** be made before a person entitled under the Oaths and Declarations Act 1957 to take statutory declarations (e.g., a Justice of the Peace, solicitor, notary public, Registrar or Deputy Registrar of the High Court or any District Court, an authorised officer in the service of the Crown, or a Member of Parliament).

**APPLICATION FEE**

**20.** The full and correct application fee (\$185.00) must accompany this application form. The fee is **non-refundable** whatever the outcome of the application.

The Board's GST number is 73-081-238. Payment can be made by

- Direct credit** to account 03 0502 0254983 00 **only if paid from a New Zealand bank account**; your name and registration number must show on our bank statement
- Cheque or bank draft:** Must be in New Zealand dollars and payable to the "Psychologists Board".
- Credit Card:** Please debit my  Visa or  MasterCard (NZ\$) **185.00** incl GST.

Card number                 Expiry

Name on Credit Card: \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

SEND YOUR COMPLETED FORM AND FEE TO		ENQUIRIES TO
New Zealand Psychologists Board (Post) PO Box 9644 Marion Square Wellington 6141 New Zealand	New Zealand Psychologists Board (Courier) Level 5 22 Willeston Street Wellington 6011 New Zealand	New Zealand Psychologists Board Telephone (64 4) 471 4580 0800 471 4580  Email: <a href="mailto:registration@nzpb.org.nz">registration@nzpb.org.nz</a>

**N.B.:** Application documents are scanned and electronically filed by the Board and the paper copies are then either securely destroyed or returned to the applicant. **Please indicate below whether you wish the documents destroyed or returned to you.**

Please return all the application documents to me by courier after the decision has been made: \_\_\_\_\_ YES   
**OR**  
Please securely destroy all the documents after they have been electronically scanned: \_\_\_\_\_ YES

<b>For office use only</b>	Dbase entry created	DC CHQ CC Date paid	CC authorisation	Dbase updated	Receipt sent	Docs couriered
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# HPCAA REGISTRATION

## APPLICATION CHECKLIST

**IMPORTANT: PLEASE READ THIS NOTICE BELOW BEFORE SENDING IN YOUR APPLICATION**

All documents supporting your application for registration must be the original or certified copies of originals. A certified copy is a direct copy (photocopy) of an original document that is certified as a true copy of the original by an official with the necessary legal power, such as a Justice of the Peace, Solicitor or Notary Public. Certification requires that the official signs with his or her name, position and official seal (where applicable) clearly visible by the signature.

Failure to provide the correct specified documentation will cause processing delays. The processing of your registration application will normally be completed within 4 weeks of receipt of a complete application.

### CHECK LIST

#### ALL APPLICANTS MUST INCLUDE THE FOLLOWING DOCUMENTATION

- A **colour** passport sized photograph **certified** on the reverse.
- (Item 5): Evidence of any name change (e.g., Deed Poll, Marriage Certificate) if applicable.
- (Item 12): Intern Psychologist applicants must include confirmation of your acceptance to the relevant course from the **Course Co-ordinator/Programme Leader**. Confirmation must include your name and the course in which you have been enrolled for the internship.
- (Item 13): A current and complete **official** university Academic Record and transcript which records: Papers passed, and grades obtained for post graduate diploma and/or degree programmes; completion of requirements for degrees and/or diplomas; and date degree conferred.

**NOTE:**The Board will not enter details of qualifications earned on the Register until the degrees/diplomas have been **conferred** by the granting institution. If your transcript does not show that your degree has been conferred or awarded, please enclose a **certified** copy of the certificate.

- (Item 15) Three character references marked 'confidential' and signed and dated not more than **three months old**. **References must be original**. References can either be included with your application or sent directly to the Board.
- (Item 16) A full and detailed C.V.
- (Item 17) Evidence (a Letter or Certificate of Good Standing) dated not more than three months old from each registration body you have been registered with in the past five years (if you were registered overseas).
- (Item 18) Completed and signed **NZ Police Vetting Service Request and Consent** form with explanatory letter if applicable.
- A **certified** copy of the relevant pages of your passport (the one which shows your date of birth, nationality and photograph) or other ID suitable for Police Vetting purposes – please refer to attached form for further details.
- (Item 19) Signed and witnessed Statutory Declaration.

**NOTE:** If the Statutory Declaration is made in New Zealand, it must be made before a person entitled under the Oaths and Declarations Act 1957 to take statutory declarations (e.g., a Justice of the Peace, solicitor, notary public, Registrar or Deputy Registrar of the High Court or any District Court, an authorised officer in the service of the Crown, or a Member of Parliament).

- (Item 20) Application fee (direct credit, cheque or credit card details). Please note that the Board does not issue invoices for the registration fee. The application fee is **not refundable** whatever the outcome of the application. (The Board's GST number is 73-081-238).

**NOTE FOR ALL APPLICANTS:** An incomplete application will not be processed by the Psychologists Board.



# SCOPES OF PRACTICE AND QUALIFICATIONS

For psychologists registered in New Zealand under the  
HPCA Act 2003

## SCOPES OF PRACTICE AND PRESCRIBED QUALIFICATIONS

1. **“Psychologist”** - A psychologist within a general scope is defined as rendering or offering to render to individuals, groups, organisations or the public any psychological service involving the application of psychological knowledge, principles, methods and procedures of understanding, predicting ameliorating or influencing behaviour, affect or cognition. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

The following qualifications are prescribed for registration as a psychologist in the general scope of practice;

A minimum of a Masters degree in Psychology from an accredited<sup>1</sup> educational organisation, or an equivalent qualification. Eligibility for a general scope of practice requires a Board approved practicum or internship involving 1500 hours of supervised practice.

2. **“Intern Psychologist”** - An intern psychologist within a special purpose scope is defined as rendering or offering to render to individuals, groups, organisations or the public any psychological service involving the application of psychological knowledge, principles, methods and procedures of understanding, predicting ameliorating or influencing behaviour, affect or cognition. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

An Intern Psychologist scope of practice may be granted to applicants:

- who have completed formal academic studies that have provided them with the foundation competencies required for safe practice in a supervised internship setting and who are enrolled in a Board-accredited post graduate diploma or doctoral course of studies.

3. **“Trainee Psychologist”** - A trainee psychologist within a special purpose scope is defined as rendering or offering to render to individuals, groups, organisations or the public any psychological service involving the application of psychological knowledge, principles, methods and procedures of understanding, predicting ameliorating or influencing behaviour, affect or cognition. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

A Trainee or Intern Psychologist scope of practice may be granted to applicants:

- who have completed formal academic qualifications that have provided the foundation competencies required for safe practice in a supervised setting and who are entering Board-approved supervised practice for the purpose of achieving full registration.

## VOCATIONAL SCOPES OF PRACTICE AND PRESCRIBED QUALIFICATIONS

4. **“Clinical Psychologist”** - Clinical Psychologists apply psychological knowledge and theory derived from research to the area of mental health and development, to assist children, young persons, adults and their families with emotional, mental, developmental or behavioural problems by using psychological assessment, formulation and diagnosis based on biological, social and psychological factors, and applying therapeutic interventions using a scientist-practitioner approach. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

The following qualifications have been prescribed for registration as a psychologist in the clinical scope of practice;

A minimum of a Masters degree in Psychology from an accredited educational organisation and an accredited Postgraduate Diploma in Clinical Psychology, or equivalent qualification. Eligibility for a clinical psychology scope of practice shall require a Board-approved practicum or internship involving 1500 hours of supervised practice.

5. **“Counselling Psychologist”** - Counselling Psychologists apply psychological knowledge and theory derived from research to the area of client empowerment and enhancement, to assist children, young persons, adults and their families with personal, social, educational, and vocational functioning by using psychological assessments and interventions, and preventative approaches that acknowledge ecological, developmental and phenomenological dimensions. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

<sup>1</sup> “Accredited” here and in subsequent references means accreditation of the educational organisation, or an educational course, by the New Zealand Psychologists Board for the purpose of registering psychologists.

The following qualifications have been prescribed for registration as a psychologist in the Counselling Psychologist scope of practice;

A minimum of a Master's degree in Psychology from an accredited educational organisation and an accredited Postgraduate Diploma in Counselling Psychology, or equivalent qualification. Eligibility for a counselling psychologist scope of practice shall require a Board-approved practicum or internship involving 1500 hours of supervised practice.

6. **“Educational Psychologist”** - Educational Psychologists apply psychological knowledge and theory derived from research to the area of learning and development, to assist children, young persons, adults and their families regarding their learning, academic performance, behavioural, social and emotional development, by using psychological and educational assessments and applying interventions using systemic, ecological and developmental approaches. Such practice is undertaken within an individual's area and level of expertise and with due regard to ethical, legal, and Board-prescribed standards.

The following qualifications have been prescribed for registration as a psychologist in the educational scope of practice;

A minimum of a Masters degree in Psychology<sup>3</sup> from an accredited educational organisation and an accredited Postgraduate Diploma in Educational Psychology, or equivalent qualification. Eligibility for an educational scope of practice shall require a Board-approved practicum or internship involving 1500 hours of supervised practice.

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<sup>3</sup> A Masters degree in Education may be considered equivalent to a Masters degree in psychology where its content is sufficiently educational psychology in nature.

**Section 1: Approved Agency to complete** (For more information please see the [Guide to Completing the Consent Form](#) - <http://www.police.govt.nz/advice/businesses-and-organisations/vetting/forms-and-guides>)

**Name of Approved Agency submitting vetting request:**

**Name of Applicant to be vetted:**

**Description of Applicant's role:**

**Applicant's purpose**

- |  |  |   |                                      |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Employee            | <input type="checkbox"/> Contractor/Consultant | <input type="checkbox"/> Volunteer        | <input type="checkbox"/> Prosecution |
| <input type="checkbox"/> Vocational Training | <input type="checkbox"/> Licence/Registration  | <input type="checkbox"/> Visa/Work Permit | <input type="checkbox"/> Other       |

**What group(s) will the applicant have contact with in their role for your agency?**

- |   |                                  |  |                                |
|---|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Children/Youth | <input type="checkbox"/> Elderly | <input type="checkbox"/> Other Vulnerable Adults | <input type="checkbox"/> Other |
|---|----------------------------------|--|--------------------------------|

**What is the applicant's primary role for your agency?**

- |  |   |                                     |                                    |                                |
|--|---|-------------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Caregiving (Children) | <input type="checkbox"/> Caregiving (Vulnerable adults) | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Education | <input type="checkbox"/> Other |
|--|---|-------------------------------------|------------------------------------|--------------------------------|

**Will the role take place in the applicant's home?**

- Yes     No

**Will the applicant be a volunteer or paid for their role?**

- Paid     Volunteer

**Is this request mandatory under the Vulnerable Children Act 2014 (VCA)?**

- |  |   |
|--|---|
| <input type="checkbox"/> Yes: Core childrens worker  | <input type="checkbox"/> Yes: Non-core childrens worker |
| <input type="checkbox"/> No (mandatory under other legislation/optional/standard Police Vet) |   |

**If this is a mandatory Vulnerable Children Act request, please specify the check reason below:**

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> New Children's Worker | <input type="checkbox"/> Existing Children's Worker | <input type="checkbox"/> VCA Renewal |
|--|---|--------------------------------------|

**Evidence of Identity** (to be completed by agency representative/delegate or identity referee - see [guide](#) for details)

- |   |   |
|---|---|
| <input type="checkbox"/> A primary ID has been sighted (Mandatory)  | <input type="checkbox"/> A secondary ID has been sighted (Mandatory)              |
| <input type="checkbox"/> One form of ID is photographic (Mandatory) | <input type="checkbox"/> Evidence of name change has been sighted (if applicable) |

OR: If your organisation is able to accept a verified RealMe identity then:

- An assertion of a RealMe identity has been received (see [guide](#) for further information).

In making this request, I confirm that:

- ✓ I have complied and will comply with the [Approved Agency Agreement](#)
- ✓ I am satisfied with the correctness of the applicant's identity
- ✓ I have obtained the Applicant's authorisation to submit this vetting request as set out in section 3 of this form

Approved Agency Authorised Representative:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Electronic Signature

**Name of Approved Agency submitting vetting request:**

**Section 2: Applicant to complete and return to Approved Agency**

*\*Denotes a mandatory field*

**Personal Information**

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

\*Family name (Primary):

Given name(s):

\*Gender: (M)  (F)  (Other)  \*Date of birth:   
(dd/mm/yyyy)

Place of birth:   
(Town/City/State)

\*Country of birth:

NZ Driver Licence number:

**Previous names:** If applicable, please include other alias or alternate names; married name if not your primary name; previous/maiden/name changed by deed poll or statutory declaration.

Family name	First name	Middle names
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Permanent Residential Address**

\*Number/Street:

Suburb:  Post Code:

\*City/Town/  
Rural District:



## Section 3: Applicant to complete and return to Approved Agency

### Consent to release information

1. The New Zealand Police may release **any** information they hold if relevant to the purpose of this vetting request. This includes:
  - Conviction histories and infringement/demerit reports
  - Active charges and warrants to arrest
  - Charges that did not result in a conviction including those that were acquitted, discharged without conviction, diverted or withdrawn
  - **Any** interaction I have had with New Zealand Police considered relevant to the role being vetted, including investigations that did not result in prosecution
  - Information regarding family violence where I was the victim, offender or witness to an incident or offence, primarily in cases where the role being vetted takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
  - Information subject to name suppression where that information is necessary to the purpose of the vet
2. If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released **unless**:
  - a. Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime)
  - b. Section 31(3) of the Vulnerable Children Act 2014 applies to this request (safety checks of core children's workers).
  - c. The vetting request is made by an individual for the purpose of an overseas Visa/Work Permit as a Privacy Act request authorising the vetting result to be provided directly to the relevant embassy, high commission or consulate.

Please see the [guide](#) for more information regarding the Clean Slate legislation.

3. The Police Vetting Service may disclose newly-obtained relevant information to the Approved Agency after the completion of the Police Vet in the following circumstances:
  - The disclosure of the newly-obtained information is considered to be justified under the Privacy Act 1993 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
  - The Police Vetting Service has taken steps to confirm that the purpose of the Police vet still exists – e.g. that I got the role which required a Police vet and am still employed or engaged in it.

The Vetting Service will endeavour to notify you prior to the disclosure.

4. Information provided in this consent form may be used to update New Zealand Police records.
5. I am entitled to a copy of the vetting result released to the Approved Agency (to be provided by the agency) and can seek a correction by contacting the Vetting Service.
6. The Approved Agency will securely dispose of this consent form, copies of identification documents and the vetting result within 12 months of receiving the result unless a longer retention period is required by legislation.
7. I may withdraw this consent, prior to Police's disclosure of the vetting result, by notifying the Approved Agency.

For further information, please see the [Guide to Completing the Consent Form](#).

#### **Applicant's Authorisation:**

- ✓ I confirm that the information I have provided in this form relates to me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand 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 at any time.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Electronic  
Signature



## Section 4: Applicant to complete for Australian check (if required)

### Additional Personal Information (for Australian National Police History Check)

#### Last Permanent Australian Residential Address

*Number/Street:			
*Suburb:		*Post Code:	
*City/Town/ Rural District:		*State or Territory:	
*Period of Residence Start date (dd/mm/yyyy)		*Period of Residence End date (dd/mm/yyyy)	
Australian Driver's Licence No: (if applicable)		Issued by:	
Australian Firearms Licence No: (if applicable)		Issued by:	

### General Information for an Australian National Police History Check

#### General Information

Australian Criminal Intelligence Commission (ACIC) is collecting your personal information in this form in order to conduct a National Police History Check (NPHC) on you. Approved Agencies in New Zealand, named in section one, use the personal information collected on this form and the resulting NPHC as part of the assessment process to determine suitability for the position/entitlement/benefit which you are applying for.

Unless statutory obligations require otherwise, the information provided on this form will not be used without your prior consent for any purpose other than in relation to the assessment of your suitability or to maintain the records of ACIC, Australian Police Agencies<sup>1</sup>, or NZ Police.

You will be required to complete another consent form for any future NPHC checks.

#### National Police History Check (NPHC)

A NPHC is an integral part of the assessment of your suitability. Information on this form will be used by ACIC, and Australian Police Agencies for checking action; it will also be used to update records held about you by ACIC, Australian Police Agencies and NZ Police.

Information released may include outstanding charges, warrant information and criminal convictions/findings/pleas of guilt recorded against you that may be disclosed according to the laws of the relevant jurisdiction and, in the absence of any laws governing the release of that information, according to the relevant jurisdiction information release policy.

#### Limitations on accuracy and use of Police History Information

While every care has been taken by ACIC to conduct a search of information held by Australian Police Agencies that relate to the applicant, the accuracy and quality of this NPHC depends on accurate identification of the Applicant (including aliases) according to the information provided in the Request and Consent Form and the comprehensiveness of police records. If the applicant does not complete the information requirements in this form the success and validity of the NPHC will be compromised.

If for any reason you do not agree with the results of your NPHC, please notify the Approved Agency that you submitted the check through in the first instance, so that the NPHC dispute process can be initiated.

The release of information by Australian Police Agencies is subject to relevant Spent Convictions, non-disclosure legislation or information release policies.

#### Spent Conviction Schemes

The aim of Spent Convictions legislation<sup>2</sup> is to prevent discrimination on the basis of certain previous convictions. Spent Convictions legislation limits the use and disclosure of older, less serious convictions and findings of guilt. Each Australian Police Agency will apply the relevant Spent Convictions legislation/information release policy prior to disclosure.

<sup>1</sup> Australian Federal Police, ACT Policing, The New South Wales Police Force, Queensland Police Service, South Australia Police, Victoria Police, Western Australia Police, Northern Territory Police Force, Tasmania Police Service

<sup>2</sup> Applicable Spent Conviction legislation, as amended from time to time

## General Information for an Australian National Police History Check, (continued)

The following links may be helpful in sourcing information on Spent Convictions in the Australian States & Territories but may not be relied upon. If further information or clarification is required please contact the individual Australian Police Agencies directly for further information about their release policies and any legislation that affects them.

Commonwealth <a href="http://www.comlaw.gov.au">www.comlaw.gov.au</a>	South Australia <a href="http://www.legislation.sa.gov.au">www.legislation.sa.gov.au</a>	Western Australia <a href="http://www.slp.wa.gov.au">www.slp.wa.gov.au</a>
New South Wales <a href="http://www.legislation.nsw.gov.au">www.legislation.nsw.gov.au</a>	Victoria Police <a href="http://www.police.vic.gov.au">www.police.vic.gov.au</a>	Northern Territory - <a href="http://www.nt.gov.au/dcm/legislation/current.html">www.nt.gov.au/dcm/legislation/current.html</a>
Queensland <a href="http://www.legislation.qld.gov.au">www.legislation.qld.gov.au</a>	Tasmania <a href="http://www.thelaw.tas.gov.au">www.thelaw.tas.gov.au</a>	Australian Capital Territory <a href="http://www.legislation.act.gov.au">www.legislation.act.gov.au</a>

### Provision of incomplete, false or misleading information

An Approved Agency or Applicant must take reasonable steps to ensure that the personal information collected, or disclosed is accurate, complete and up to date.

You are asked to certify that the personal information you have provided on this form is correct. If it is subsequently discovered, for example as a result of a check of police records, that you have provided incomplete, false or misleading information, you may be assessed as unsuitable.

It is a serious offence to provide false or misleading information in Australia.

## Consent to disclosure (for Australian National Police History Check)

- I have read the General Information in section 3 of this form and understand that information will be disclosed in accordance with applicable legislation and information release policies (including spent convictions legislation, however described) in the Commonwealth, States and Territories;
- I understand that the position/entitlement for which I am being considered may be in a category for which exclusions from Spent Convictions legislation may apply;
- I have fully completed this form, and the personal information I have provided in it relates to me, contains my full name and all names previously used by me, and is correct;
- I acknowledge that the provision of false or misleading information is a serious offence;
- I acknowledge that the Approved Agency named in Section 1 of this form is collecting information in this Form to provide to New Zealand Police to provide to ACIC (an Agency of the Commonwealth of Australia) and the Australian Police Agencies;
- I consent to:**
  - ACIC using and disclosing personal information about me in this form to the Australian Police Agencies;
  - the Australian Police Agencies disclosing to ACIC, from their records, Police History information that can be disclosed in accordance with the laws of the Commonwealth, States and Territories and in accordance with the relevant jurisdiction's information release policies;
  - ACIC disclosing the information disclosed by the Australian Police Agencies to New Zealand Police, and
  - New Zealand Police disclosing any criminal history information about me to the Approved Agency named in Section 1 of this form to assess my suitability in relation to my application;
- I acknowledge that any information provided by me in this form relates specifically to the purpose identified in Section 1 of this form;
- I acknowledge that any information provided by the Australian Police Agencies or ACIC relates specifically to the purpose identified in Section 1 above;
- I acknowledge that personal information that I provide in this form may be disclosed to the Approved Agency named in Section 1 of this form (including contractors or related bodies corporate) located in New Zealand or overseas; and
- I acknowledge that it is usual practice for an Applicant's personal information in this form to be disclosed to New Zealand Police and Australian Police Agencies for them to use for their respective law enforcement purposes including the investigation of any outstanding criminal offences.

Note: The information provided in this form will be used only for the purpose stated above unless statutory obligations require otherwise.

### Applicant's Authorisation:

I have read and understood the information above and consent accordingly. *Signed in electronic form*

or, Signature: \_\_\_\_\_

Date: \_\_\_\_\_