



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

* Only available to those applicants enrolled in a New Zealand Psychologist Board- accredited training programme as listed on our website.

QUALIFICATIONS FOR REGISTRATION

13. Psychology 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, one of which must be from a New Zealand Registered Psychologist. Referees should comment on the applicant's character, work experience, and professional standing.

References must be original, on official letterhead (where applicable), signed and dated not more than 3 months from the application date.

These may be submitted with the application or emailed by the referee(s) to registration@nzpb.org.nz.

CURRICULUM VITAE (CV) OR RESUME

16. A copy of your current CV which covers in chronological order (by month & year) the period since graduating and must include all relevant dates and work history. Please ensure any gaps of 3 months or more are explained.

If you are applying for the Intern Psychologist scope, please ensure your CV covers the last 5 years.

EVIDENCE OF GOOD STANDING

Applies **ONLY** to applicants who have worked and 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 5 years. Document(s) must be dated within 3 months of the application date.

RECORD OF CRIMINAL CONVICTIONS

If you have a conviction, please include a letter addressed to the Registrar regarding the details of the conviction. The Registrar will consider any conviction(s) on a case-by-case basis. A conviction will not necessarily preclude the granting of registration.

18. Please complete the appended NZ Police Vetting Request and Consent form authorising the Board to request disclosure regarding any interaction you may have had with the NZ or Australian Police. If you have resided overseas you will also need to provide a Police Clearance Certificate from each country in which you have lived in the past 5 years, detailing any convictions and dated within 6 months of the application date.

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. 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

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: registration@nzpb.org.nz

Application documents are scanned and electronically filed by the Board. **Please indicate below whether you require the application documentation returned to you or securely destroyed.**

Please return the application documents to me by courier at my expense _____ YES

Please securely destroy the application documents _____ YES

For office use only	Dbase entry created	DC Date paid	CC	CC authorisation	Dbase updated	Receipt sent	Docs couriered



HPCAA REGISTRATION

Application for an Annual Practising Certificate (APC) **Interns Only**

From 1 September 2020, you **MUST** hold an APC if you wish to practise as an intern psychologist). There is no charge for an APC for intern psychologists.

Application for an Annual Practising Certificate (Intern psychologists only)

I declare that as I apply for an Annual Practising Certificate for the year ending 31 March _____ in the Intern Psychologist scope of practice (as authorised by the New Zealand Psychologists Board):

- A. I am not as at the date of this application practising the profession of psychology in New Zealand;
True False
- B. I have within the three years immediately preceding the date of this application lawfully practised the profession of psychology;
True False
- C. I have not been charged with or convicted of any offence potentially punishable by imprisonment for a term of 3 months or longer since my date of registration;
True False
- D. I believe that I am fit and competent to practise in accordance with my scope of practice as detailed above, and that I have no mental or physical conditions that compromise my ability to perform the functions required for the psychology profession;
True False
- E. That all of the information I have included in this application is true and correct;
True False
- F. I do not have any physical conditions that impact on my ability to perform the functions required for my profession;
True False
- G. I do not have any mental conditions or addictions that impact on my ability to perform the functions required for my profession;
True False
- H. I have read the attached information in regard to applying for an Annual Practising Certificate;
True False
- I. I have carefully considered my responses to all questions in this application and I am satisfied that I have provided the Board with all relevant information to decide whether to issue me with an Annual Practising Certificate. I understand that under section 172 of the Act it is an offence, punishable by a fine of up to \$10,000, to make a false or misleading declaration to the Board as part of this application.
True False

Full Name _____ **Signature** _____

Date _____



INFORMATION ABOUT YOUR ANNUAL PRACTISING CERTIFICATE (APC)

1. It is your personal responsibility to ensure that you hold a current APC when you are practising within the scope of psychology (under any title). This responsibility cannot be passed on to your employer or any other person.
2. Application fees are non-refundable.

APCs AND THE HEALTH PRACTITIONERS COMPETENCE ASSURANCE ACT 2003 (the HPCA Act)

3. You are applying for a practising certificate under section 26(1) of the HPCA Act 2003. The HPCA Act is the primary legislation governing psychologists in New Zealand. The principal purpose of the Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their profession.

REASONS APPLICATIONS MAY BE DECLINED AND/OR CONDITIONS IMPOSED

4. Section 27 of the Act sets out the circumstances when the Board may propose that the APC application be declined or that conditions be included in a psychologist's scope of practice. These circumstances are where the Board believes on reasonable grounds that:
 - the applicant has at any time failed to maintain the required standard of competence, or
 - the applicant has failed to fulfil, or has failed to comply with, a condition included in their scope of practice, or
 - the applicant has not satisfactorily completed the requirements of any competence programme that he or she has been ordered by the Board to complete, or
 - the applicant has not held an APC within the three years immediately preceding the date of the application, or
 - the applicant is unable to perform the functions required for the profession because of some mental or physical condition, or
 - the applicant has not, within the three years immediately preceding the date of application, lawfully practised the profession to which the application relates.
5. The Board may also decline to issue an APC in the following circumstances:
 - until any outstanding fines, expenses, or costs owing to the Board are paid, or
 - if the Board is satisfied any information included in the application is false or misleading.

THE NEW ZEALAND REGISTER OF PSYCHOLOGISTS

6. The Register of Psychologists is publicly available on the Board's website. Information about psychologists on the Register includes: the psychologist's name, registration date, qualifications, scope(s) of practice, any changes to his or her scope of practice (e.g., conditions), and APC status.
7. You must promptly update the Board of any change in your postal address for service, and any change in your electronic address for service. This can be done online.
8. Any name change must be advised in writing and certified evidence provided to the Board's Registrar within one month of the change.



HPCAA REGISTRATION APPLICATION CHECKLIST

All documents supporting your application for registration must be original(s) or certified copies of originals.

A certified copy is a photocopy of an original document certified as a true copy of the original by an official with the necessary legal power (e.g. a Justice of the Peace, Solicitor or Notary Public). The official must sign with his or her name, position and official seal (where applicable) clearly visible by the signature.

Failure to provide complete documentation in the correct format will result in processing delays.

ALL APPLICANTS MUST INCLUDE THE FOLLOWING DOCUMENTATION

- A certified colour passport sized photograph. The certifier must state the following: "I certify that I have sighted [full name of applicant] and this is a true likeness" as well as sign and date the reverse of the photo.
- (Item 5): Evidence of any name change (e.g., Birth Certificate, Marriage Certificate, Name Change Certificate).
- (Item 12): From Intern applicants we require written confirmation of the applicants acceptance into the named training programme from the Course Co-ordinator/Programme Leader's.
- (Item 13): An official university Academic Record and transcript recording papers passed, grades obtained for post graduate qualifications and date qualifications were conferred/awarded. An eQuals link can be emailed to registration@nzpb.org.nz

The Board records only conferred/awarded qualifications. If the transcript does not show this detail, please provide a certified copy of the certificate.

- (Item 15) Three character references. References can either be included with your application or emailed directly to the Board by the referee to registration@nzpb.org.nz
- (Item 16) A current C.V. as detailed above.
- (Item 17) A Letter or Certificate of Good Standing from each overseas registration body you have been registered with in the past 5 years, dated within 3 months of the application date.
- (Item 18) Completed and signed NZ Police Vetting Service Request and Consent form with explanatory letter if applicable. If you have resided overseas in the past 5 years, you will also need to provide a Police Clearance Certificate detailing any convictions from each country in which you have lived, dated within 6 months of the application date.
- Two forms of appropriate evidence of identity for Police Vetting purposes. This may include a certified copy of the relevant page of your passport showing your date of birth, nationality and photograph **and** a certified copy of your NZ Driver Licence. Please refer to <https://www.police.govt.nz/advice/businesses-and-organisations/vetting> for further details on acceptable forms of ID.
- (Item 19) Statutory Declaration signed and witnessed.
- (Item 20) Application fee. The Board's GST number is 73-081-238
- [Application for a practising certificate page](#) (if applying for the Intern Psychologist scope)



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 accredited¹ 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

¹ “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.

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.

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 Psychology³ 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.

7. **"Neuropsychologist"** - Neuropsychologists apply scientific understanding of the relationship between the brain and neuropsychological function within applied clinical contexts. This approach forms the basis for the assessment, formulation, and rehabilitation of people who have sustained brain injuries or other neurological conditions. Neuropsychologists work with people of all ages who have neurological problems such as traumatic brain injury, stroke, epilepsy, toxic and metabolic disorders, brain tumours, and neurodegenerative diseases. 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 in the Educational Psychologist scope of practice:

A minimum of a Master's degree in Psychology from an accredited educational organisation and an accredited Postgraduate Diploma in neuropsychology, or equivalent qualification. Eligibility for the Neuropsychologist scope of practice shall require a Board-approved practicum or internship involving no less than 1500 hours of supervised practice.

³ 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?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

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

- | | |
|-------------------------------|------------------------------------|
| <input type="checkbox"/> Paid | <input type="checkbox"/> Volunteer |
|-------------------------------|------------------------------------|

Is this request mandatory under the Children's Act 2014 (CA)?

- | | |
|--|---|
| <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 Children's 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"/> CA 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:

- | |
|---|
| <input type="checkbox"/> 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 investigations, charges and warrants to arrest
 - Charges that did not result in a conviction including those that were acquitted (not guilty), discharged without conviction, withdrawn, or resolved by way of the Police diversion scheme
 - **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 Children’s 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

