

WWW.VISIONCOLLEGE.AC.NZ

# *School of Leadership*

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APPLICATION  
FORMS

.....

SCHOOL OF LEADERSHIP



# School of Leadership Application Process

This booklet contains all of the forms needed to apply for entry into the following qualifications:

- Certificate in Ministry (Level 4)
- Diploma in Ministry (Level 5)
- Diploma in Christian Leadership (Level 6)

Before sending in your application, please use the checklist on the following page to ensure you have completed all required forms.

This is the process you can expect to experience when applying for the School of Leadership at Vision College.



Your application process is now complete!

# Documents Required for your Application

## Document Checklist

Check off each of these to make sure you have completed the application requirements.

### In this booklet:

- Application/Enrolment Form
- Health and Ethical Issues and Church Affiliation forms
- Confidential Referee Report #1
- Confidential Referee Report #2
- If 18yrs or older – Police Vetting Form
- If 16 or 17yrs old – Ministry of Justice Form

*Confidential referee reports are to be cut-out and given to the referee to fill in, and then mailed in separately by the person completing the report.*

### Additional documents:

- Written Assignment

*The assignment is described in this booklet.*

Please provide a form of identification from both, **Section "A" AND Section "B"**

#### A) Proof of Identity: Proof of Citizenship or Residency – one of these:

- Birth certificate with place of birth stated as New Zealand, Cook Islands, Tokelau, or Niue.
- New Zealand passport.
- A statement of Whakapapa, including date of birth, countersigned by a kaumatua.
- Certificate of citizenship or letter of confirmation.
- Overseas passport with residency stamp.

*You can bring the original documentation to the enrolment desk. Alternatively please provide a certified copy by a Justice of the Peace (JP), Solicitor, Minister of the Church or General Practitioner.*

#### B) Proof of Identity: Photo ID – one of these:

- Passport
- Driver's Licence
- Former Student ID Card
- R18+ ID Card

# DOMESTIC STUDENTS Application/Enrolment Form



## Hamilton, Pukekohe and Auckland Enrolments:

Post to: Vision Enrolments Office  
21 Ruakura Road  
Hamilton 3216  
Fax 07 853 0223  
Enquiries 0800 834 834  
Administration 07 853 0777  
Email admin@visioncollege.ac.nz

## Christchurch Enrolments:

Post to: Vision  
50 Hazeldean Road  
Christchurch 8024  
Fax 03 366 9271  
Enquiries 0800 834 834  
Administration 03 377 8878  
Email christchurch@visioncollege.ac.nz

The purpose of this enrolment form is to obtain from you the information we need to enrol you into a qualification at our organisation. We also need to collect information from you which is required by the Ministry of Education and other Government agencies for statistical and administrative reasons.

- Please complete all sections of this form and sign the declaration.
- Please attach all additional documentation required as per the documentation section.
- Note: International students should use the International Student enrolment form, which is available on the website.

## QUALIFICATION

1. What qualification do you wish to enrol in?   
Qualification start date:  Qualification end date:
2. Have you studied at Vision before?  Yes  No If yes, what was your Student ID number?
3. How do you intend to study?  Full time  Part time
4. Where do you intend to study?  On Campus – Which one?   
 Distance/Online/Block Courses/Internship (Not all courses have this option. Please check first.)
5. If there are options for your course, what option are you choosing?  
e.g. Music students write "Vocal" or "Instrument". Leadership students could write "internship" or "part time".  
  
If the qualification you have chosen does not have options, or if you are unsure, leave this field blank.
6. What year do you expect to complete the academic requirements of your course(s) with Vision in order to graduate with your qualification? Year

## PERSONAL DETAILS

7. **Your full legal name:** Family Name:  Title:  Mr  Miss  Mrs  Ms  
First Name(s):
8. Preferred name (if different to above):   
Previous name(s) known by:
9. If you have previously enrolled under another name, what was that name?
10. Date of birth: //  
D D M M Y Y Y Y
11. Gender:  Male  Female
12. Do you know your NSN (National Student Number)?  No  Yes If yes, please write it here:
13. Citizenship:  New Zealand Citizen  New Zealand Permanent Resident  Australian Citizen  
 Australian Permanent Resident  Other (please specify)
14. During your study, where will you be residing?  New Zealand  Overseas

15. Which ethnic group(s) do you belong to?

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> NZ European/Pakeha    | <input type="checkbox"/> British/Irish | <input type="checkbox"/> Other European        | <input type="checkbox"/> Japanese       |
| <input type="checkbox"/> New Zealand Māori     | <input type="checkbox"/> Dutch         | <input type="checkbox"/> Filipino              | <input type="checkbox"/> Korean         |
| <input type="checkbox"/> Samoan                | <input type="checkbox"/> Greek         | <input type="checkbox"/> Cambodian             | <input type="checkbox"/> Other Asian    |
| <input type="checkbox"/> Cook Island Māori     | <input type="checkbox"/> Polish        | <input type="checkbox"/> Vietnamese            | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Tongan                | <input type="checkbox"/> South Slav    | <input type="checkbox"/> Other Southeast Asian | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Niue                  | <input type="checkbox"/> Italian       | <input type="checkbox"/> Chinese               | <input type="checkbox"/> African        |
| <input type="checkbox"/> Tokelauen             | <input type="checkbox"/> German        | <input type="checkbox"/> Indian                | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Fijian                | <input type="checkbox"/> Australian    | <input type="checkbox"/> Sri Lankan            | <input type="checkbox"/> Not Stated     |
| <input type="checkbox"/> Other Pacific Peoples |  |  |   |

If Other European / Other Asian / Other Southeast Asian / Other Pacific Peoples or Other, please specify:

15a. If you identified as **New Zealand Māori**, what is the name of the Iwi you have the strongest affiliation to?

You may enter up to three.

Iwi <input type="text"/>	Iwi <input type="text"/>	Iwi <input type="text"/>
Rohe (Iwi home area)	Rohe (Iwi home area)	Rohe (Iwi home area)

16. How did you hear about this course?

## ACADEMIC INFORMATION

17. What was your main activity in New Zealand as at 1 October in the **year prior** to this course start date?

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Secondary School Student    | <input type="checkbox"/> Self-employed       | <input type="checkbox"/> House-person or Retired                | <input type="checkbox"/> Wānanga student |
| <input type="checkbox"/> Non-employed or beneficiary | <input type="checkbox"/> University Student  | <input type="checkbox"/> Overseas Irrespective of Occupation    |  |
| <input type="checkbox"/> Wage or salary worker       | <input type="checkbox"/> Polytechnic Student | <input type="checkbox"/> Private training establishment student |  |

18. Do you live with the effects of significant injury, long term illness or disability? Yes No

If yes, how would you describe your significant injury, long term illness or disability? The information you supply is confidential.

19. Is there anything that you suffer from that is likely to affect your study, or that we should be aware of while on campus?

- |  |                                     |                                     |   |
|--|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Chronic Fatigue                                     | <input type="checkbox"/> Depression | <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Epilepsy  | <input type="checkbox"/> Migraines  | <input type="checkbox"/> RSI (OOSE) | <input type="text"/>                            |
| <input type="checkbox"/> No, I don't suffer from any of these health issues. |                                     |                                     |   |

20. What was the name of the last secondary school you attended?

School:  Year:  New Zealand Overseas

21. What is the highest level of achievement you hold from a secondary school?

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> No formal secondary qualifications                     | <input type="checkbox"/> 14 or more credits at any level        | <input type="checkbox"/> NCEA Level 1 or School Certificate   | <input type="checkbox"/> NCEA Level 2 or 6 <sup>th</sup> Form Certificate |
| <input type="checkbox"/> University Entrance                                    | <input type="checkbox"/> NCEA Level 3 or Bursary or Scholarship | <input type="checkbox"/> Overseas qualification (includes Cambridge & International Baccalaureate exams) please specify | <input type="checkbox"/> Not Known  |
| <input type="checkbox"/> Please specify if "Overseas Qualification" or "Other". | <input type="text"/>  |   |   |

22. Is this the first time you have enrolled at a tertiary institution in New Zealand or overseas since leaving school?

Yes No (if yes, go to question 24)

If No, please enter the name of the organization you first studied at and the year of your first enrolment:

School:  Year:  New Zealand Overseas



## USE OF INFORMATION AND PRIVACY STATEMENT

Activate Training Centre Limited (ATC) collects and stores information from this form to:

- manage the business of ATC (including internal reporting, administrative processes and selection of scholarship and prize winners)
- comply with the requirements of the Education Act 1989 and other legislation relating to maintenance of official records and accountability for public funding
- supply information to government agencies and other organisations as set out below.

ATC may add your personal details (name, date of birth and residency) to the National Student Index, which is managed by the Ministry of Education.

Supply of information to government agencies and other organisations.

ATC supplies data collected on from your enrolment to government agencies, including:

- the Ministry of Education
- the New Zealand Qualifications Authority
- the Tertiary Education Commission
- the Ministry of Social Development: in relation to student loans and allowances
- Immigration New Zealand (a branch of the Ministry of Business, Innovation and Employment): for those who are not New Zealand citizens or permanent residents.

Those agencies use the data supplied by tertiary education organisations to:

- administer the tertiary education system, including allocating funding
- develop policy advice for government
- conduct statistical analysis and research.

The Ministry of Education may supply data collected on this form to Statistics New Zealand for the purposes of integrating data with data collected by other government agencies, subject to the provisions of the Statistics Act 1975. Integrated data is used for the production of official statistics, to inform policy advice to government and for research purposes.

When required by law, ATC releases information to government agencies such as the New Zealand Police, Department of Justice, Ministry of Social Development, and the Accident Compensation Corporation (ACC)

Information collected on this form may be supplied to other educational organisations for the purpose of verifying academic records.

In signing this enrolment form you authorise such disclosure on the understanding that ATC will observe the conditions governing the release of information, as set out in the Privacy Act 1993, the Education Act 1989 and other relevant legislation.

You may request to see any information held about you and request that any errors in that information be amended or noted. To do so, contact the Enrolments Officer.

**Fees** – In signing this enrolment form you undertake to pay all fees as they become due, and to meet any late fees and collection charges associated with debt recovery. ATC’s policy on withdrawal and refund of fees may be obtained from the Enrolments Officer.

In signing this form you authorise ATC to request payment of your course costs from StudyLink (if applicable). This includes course fees as well as any course related costs that are outstanding more than 60 days.

In signing this form, you give ATC authorisation to provide details to the Trustee who administers the Trust account for student fees.

**Photography and Video** –At times photos or video might be recorded on campus, in classes or at events. If I am included in these photo or videos I agree that ATC owns the images and all rights related to them and understand that the images may be used in any manner, any media and any location. I exempt ATC from any payment or compensation to me for the images.

**Rules** – In signing this enrolment form you undertake to comply with the published rules and policies of ATC with regard to attendance, academic progress, standard of dress, health and safety, and behaviour.

**NZ Police Vetting/Ministry of Justice check** - I understand that police checks will be done upon completion of the relevant consent forms (ECE and Counselling courses only). The result of this check will be held on my student file for the duration of my enrolment and may be sent to a placement centre upon that centre’s request in writing. By signing the enrolment form I agree to this.

**Declaration** – I declare that to the best of my knowledge all the information supplied on, and with, this enrolment form is true and complete, I agree to abide by the conditions described above, and I consent to the disclosure of personal information as described above.

Signature

Date

**OFFICE USE ONLY:**

Document type	full legal name	date of birth	gender	citizenship or residency status	Photo ID	Name of person sighting document	Date	Signature

All documents must be sighted and signed by a staff member. All 5 columns must be covered by the documentation provided.



Please complete and attach your written assignment for the appropriate level of your course. Your enrolment will not be processed until we have received your extra documents required.

- **Certificate in Ministry Level 4**
  - Weekend Block Courses
- **Diploma in Ministry Level 5**
  - Internship in your local church
  - Weekend Block Courses
  - Night Classes
  - All Internship students are required to be vetted under the Vulnerable Children's Act 2014
- **Diploma in Christian Leadership Level 6**
  - Documents only required if you have not previously studied Level 4 or Level 5 with Vision College.
  - All Internship students are required to be vetted under the Vulnerable Children's Act 2014

### LEVEL 4 WRITTEN ASSIGNMENT

*Please type your essay on A4 paper and include it with this booklet.*

Please write a one page essay including each of the following:

- a. How you came to faith in Christ
- b. Your reasons for wanting to attend this course
- c. A brief overview of your involvement in your local church.

### LEVEL 5 & LEVEL 6 WRITTEN ASSIGNMENT

*Please type your essay on A4 paper and include it with this booklet.*

Please write a two page essay including each of the following:

- a. How you came to faith in Christ
- b. Your reasons for wanting to attend this course
- c. List an experience you have had in Christian Ministry (courses, positions held, job functions and length of time).
- d. A description of what you see to be your strengths and weaknesses with respect to Christian Ministry.
- e. Please write approximately 150 words on ONE of the following 'I believe' statements:
  - i. I believe in the one and living God, eternally existent in three persons in unity: Father, son and Holy Spirit.
  - ii. I believe in the divine inspiration and authority of the Holy Scripture.
  - iii. I believe in the inherent corruptness of humanity through the fall; the necessity of repentance and regeneration by grace and through faith alone, and the separation from God of the finally impenitent.

To comply with the Privacy Act, all information in this application will be kept in strict confidence and will be stored appropriately. Access to information will be given to those associated with the running of this school in accordance with Government regulations.

## HEALTH AND ETHICAL ISSUES

1. Have you used any illegal substances before?  No  Yes

a. What have you used?

b. When did you last use it?

2. Please advise us of anything else that may interfere with your ability to study.

*(Writing something here does not make you ineligible for the course. But we would like to discuss any potential issues at the interview, to ensure you are able to successfully complete your studies).*

## CHURCH AFFILIATION

1. Name of church attended

2. How long have you attended this church?

3. Pastor's name

4. Pastor's address

Post Code:

5. Pastor's Phone:

Mobile:

6. Pastor's Email:

7. DECLARATION I accept the full discipline of the study programme and will co-operate with the college procedures, work and financial requirements while attending Vision College. I acknowledge that this is a Christian organisation.

Signature of Applicant:

Date:

## REFEREES AND REFERENCES

Two written reference forms are included in this application booklet. Please have *your pastor and one other referee* complete these forms and send them directly to Vision College. We recommend church staff, life group leaders, past or present employers, teachers, work colleagues or family friends as suitable Referees.

A Referee should:

- Not be related to you or live at the same address as you
- Have known you preferably for more than 12 months
- Be able to support your application and be over the age of 18 years

**Please list your Referees:**

Full Name:

Phone:

Mobile:

Full Name:

Phone:

Mobile:

# Reference by Referee

## School of Leadership



Applicant's Full Name:

Applicant's Phone Number:

### INSTRUCTIONS FOR REFEREE

Thank you for agreeing to contribute towards our selection process. Information recorded here is confidential to Vision College and will not be shared with the applicant.

#### Purpose of Report

The purpose of this report is to help establish the suitability of the applicant for working professionally in ministry.

When making selection decisions we look at the applicant's ability to complete a course at tertiary level, their communication skills, personal qualities, background interests and involvement.

If you have any reservations regarding the applicant's suitability or other information that you think would help us make our decision, please include this in your answers.

Feel free to contact us:  
Christchurch Campus (03) 377 2364  
or Hamilton Campus (07) 853 0777

#### Criteria for Referee

Your referee should:

- not be related to you.
- have known you preferably for more than 12 months.
- be able to support your application.

**Please return this report as soon as possible as this application cannot be processed until this is received.**

### CONFIDENTIAL REFERENCE

1. How long have you known the applicant?

2. What is your relationship to the applicant?

3. Do you know the applicant well enough to complete this form?  Yes  No

4. What Course is being applied for?

5. Please give a brief comment on the applicant's Christian service:

6. Is the applicant currently involved in ministry? If so, in what way?

7. Are there any additional comments on the applicant's character and attitudes that you have observed?

## APPLICANT'S BEHAVIOUR AND ATTITUDES

Please tick the box that best represents your opinion of the applicant's behaviour and attitudes.

Behaviour and Attitudes	Excellent	Good	Average	Poor	Very Poor
Financial Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choice of Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward other Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Co-operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teach ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend the applicant for this course?  Yes  No

Additional Comments:



## REFEREE'S DETAILS

Full Name:

Church:

Address:

Email Address:

Phone:  Mobile:

Signature:  Date:

## PLEASE RETURN TO OUR VISION COLLEGE CAMPUS

### Hamilton Enrolments:

Post to: Vision College Admin  
21 Ruakura Road  
Hamilton 3216

Fax 07 853 0223  
Enquiries 0800 834 834  
Administration 07 853 0777  
Email admin@visioncollege.ac.nz

### Christchurch Enrolments:

Post to: Vision College Admin  
50 Hazeldean Road  
Christchurch 8024

Fax 03 366 9271  
Enquiries 0800 834 834  
Administration 03 377 2364  
Email christchurch@visioncollege.ac.nz

# Reference by Pastor

## School of Leadership



Applicant's Full Name:

Applicant's Phone Number:

### INSTRUCTIONS FOR PASTOR

Thank you for agreeing to contribute towards our selection process. Information recorded here is confidential to Vision College and will not be shared with the applicant.

#### Purpose of Report

The purpose of this report is to help establish the suitability of the applicant for working professionally in ministry.

When making selection decisions we look at the applicant's ability to complete a course at tertiary level, their communication skills, personal qualities, background interests and involvement.

If you have any reservations regarding the applicant's suitability or other information that you think would help us make our decision, please include this in your answers.

Feel free to contact us:  
Christchurch Campus (03) 377 2364  
or Hamilton Campus (07) 853 0777

#### Criteria for Reference by Pastor

- Your pastor should:
- not be related to you.
  - have known you preferably for more than 12 months.
  - be able to support your application.

**Please return this report as soon as possible as this application cannot be processed until this is received.**

### CONFIDENTIAL REFERENCE

1. How long have you known the applicant?

2. What is your relationship to the applicant?

3. Do you know the applicant well enough to complete this form?  Yes  No

4. What Course is being applied for?

5. Please give a brief comment on the applicant's Christian service:

6. Is the applicant currently involved in ministry? If so, in what way?

7. Are there any additional comments on the applicant's character and attitudes that you have observed?

## APPLICANT'S BEHAVIOUR AND ATTITUDES

Please tick the box that best represents your opinion of the applicant's behaviour and attitudes.

Behaviour and Attitudes	Excellent	Good	Average	Poor	Very Poor
Financial Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choice of Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward other Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Co-operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teach ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend the applicant for this course?  Yes  No

Additional Comments:



## PASTOR'S DETAILS

Full Name:

Church:

Position Held:

Address:

Post Code:

Email Address:

Home Phone:  Mobile:

Signature:  Date:

## PLEASE RETURN TO OUR VISION COLLEGE CAMPUS

### Hamilton Enrolments:

Post to: Vision College Admin  
21 Ruakura Road  
Hamilton 3216

Fax 07 853 0223  
Enquiries 0800 834 834  
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Fax 03 366 9271  
Enquiries 0800 834 834  
Administration 03 377 2364  
Email christchurch@visioncollege.ac.nz

## Section 1: Approved Agency to complete

(For more information please see the [Guide to Completing the Consent Form](#))

### Name of Approved Agency submitting vetting request:

ATC New Zealand (Activate Training Centre Limited)

### 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 checked="" type="checkbox"/> Education |
| <input type="checkbox"/> Other                 |   |                                     |   |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Yes (VCA Core Worker)   | <input type="checkbox"/> Yes (VCA Non-Core 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)

- A primary ID has been sighted (Mandatory – see the [guide](#) for further details)
- A secondary ID has been sighted (Mandatory – see the [guide](#) for further details)
- One form of ID is photographic (Mandatory – see the [guide](#) for further details)
- 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:**

ATC New Zealand (Activate Training Centre Limited)

**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/state/country)

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, including family violence incidents, and investigations that did not result in prosecution
  - 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).Please see the [guide](#) for more information regarding the Clean Slate legislation.
3. The Police Vetting Service may disclose new relevant information to the Approved Agency after the completion of the Police Vet in the following circumstances:
  - The vetting request was submitted as part of a children's worker safety check under the Vulnerable Children Act 2014; and
  - The Police vet was completed within the past three years; and
  - The release of new information is considered justified under the Privacy Act 1993The 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.

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

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

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

Electronic  
Signature



IMPORTANT NOTE:

The MINISTRY OF JUSTICE form must **ONLY** be filled in by applicants who CANNOT provide approved ID or only have a Drivers Licence or Passport (See Step 3)



# Request for Criminal Conviction History – Third Party

## Confidential when completed

REQUEST BY THIRD PARTY UNDER THE PRIVACY ACT 1993 FOR A COPY OF AN INDIVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE'S COMPUTER SYSTEMS.



### How to fill out this form and the definitions used in this form

1. You will have been provided this form by a third party\* to complete
2. Complete all the questions from Step 2 on – start with "Your details"
3. Please write as neatly as possible
4. **Send back to the third party for them to check and send off.**

\*Third party is the person, potential employer or recruitment agency who has requested the criminal conviction check and will be sent the results. (The third party must complete the front page of this form).

## Step 1 Third party to complete this section

### Third party name details

Full name of third party:

Glenys Shirley Anne Bishop

Full name of the person or organisation the third party is acting for (if applicable):

(i.e. the person or organisation who requested the third party to carry out a criminal conviction check).

ATC New Zealand

Third party reference number (if applicable):

### Third party return address details

Name of the person to return request information to: Glenys Bishop

PO Box or Street Address: 21 Ruakura Road

Suburb:

Town/City: Hamilton

State/Province: Waikato

Post Code: 3216 Country: New Zealand

Signature of third party:

X

OFFICE USE ONLY  
MOJ REQUEST NUMBER

## Step 2 **Your details** (please print)



**Important: make sure the name and date of birth you write in here matches your identification in Step 3**

### Your Personal Details

Surname:

First name:

Middle names (separated by commas):

Date of birth:

D

D

M

M

Y

Y

Y

Y

Male

Female

Place of birth:

Telephone:

Mobile :

Email:

### Previous names – Maiden names, other names you are known as, or have used

Surname

First name

Middle names (separated by commas)

### Your Postal Address

PO Box or

Street address:

Suburb:

Town/City:

State/Province:

Post Code:

Country:

### Current residential address if different to postal address

Street address:

Suburb:

Town/City:

State/Province:

Post Code:

Country:

**Please list any other New Zealand addresses you have lived at in the last 10 years**

Street address:

Suburb:

Town/City:

Post Code:

Street address:

Suburb:

Town/City:

Post Code:

Street address:

Suburb:

Town/City:

Post Code:

## Step 3 Your identification



**Please attach a legible photocopy of your identification which must contain your signature. This can be any one of the following:**

**New Zealand Driver Licence** – can be current or expired within the last 2 years, but cannot be cancelled, defaced or a temporary licence.

**New Zealand Passport** – can be current or expired within the last 2 years, but cannot be cancelled or defaced. Must show your signature.

**Overseas Passports** – must be current and cannot be expired, cancelled or defaced. Must show your signature.

**New Zealand Firearms Licence** – must be current and cannot be expired or defaced.

If you do not have any of these forms of identification, you will need to complete Step 5.

## Step 4 Your authority to release information to a third party

I authorise the Criminal Records Unit, Ministry of Justice, to release a copy of my criminal convictions, subject to section 7 of the Criminal Records (Clean Slate) Act 2004, to the third party.

**Tick the report required**

Criminal and traffic convictions report

Traffic convictions report

I want a copy of the information provided to the third party

Yes

No

**Your signature:**

X

**SIGN  
HERE**

Date:

D D

M M

Y Y Y Y

## Step 5 Proof of identity

### Only complete if you do not have a driver licence, passport or firearms licence

You will need to ask someone who can confirm your identity to fill in this section. If you are unable to get someone to complete Step 5, then you must complete a statutory declaration. The relevant form can be obtained from your local District Court or go to [www.justice.govt.nz/services/criminal-records](http://www.justice.govt.nz/services/criminal-records)

#### The person who identifies you must:

- ✓ Have known you for more than 12 months
- ✓ Be aged 18 years or over
- ✓ Have a day time phone number and be contactable during normal business hours
- ✗ Not be a relative (a relative is a person connected by blood or marriage), and
- ✗ Not live at the same address.

#### Identifier to complete

Identifier's  
surname:

Identifier's  
first name:

Identifier's middle names (*separated by commas*):

PO Box or  
Street address:

Suburb:

Town/City:

State/Province:

Post Code:

Country:

Telephone:

Mobile:

Email:

#### I declare that I have personally known

Surname:

First name:

Middle names (*separated by commas*):

For \_\_\_\_\_ years and vouch for their identity.

Signature of the identifier:

✗

## Checklist for the third party



**Please ensure this form is fully completed to avoid processing delays.**

**Step 1:** Third party contact name and address details are completed in full, otherwise we will return this request to the “individual” (person you sent the form to for completion).

**Step 2:** Contains individual's full name and date of birth.

**Step 3:** Copy of individual's identification is attached to this request; and, the signature on the identification matches the individual's signature in Step 4.

**Step 4:** The individual has authorised this request by signing and dating the form.

**Step 5 (if applicable):** Confirmation of the individual's identity if they do not have a valid identification.

### **Sending your form to the Ministry**

Send this form and copy of identification to:

Criminal Records Unit, Ministry of Justice, National Office, SX 10161, Wellington.

### **Service standard**

The Ministry of Justice will process this request within the agreed service delivery times in your contract with the Ministry of Justice. If you do not hold a contract with the Ministry of Justice, we will endeavour to process this request within 20 working days of the date we receive this completed application.





**Freephone 0800 834 834**

**Hamilton**

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**Christchurch**

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