



VSR No	Received	Returned	Resubmit
--------	----------	----------	----------

Authority to release information

Non Government Organisation (NGO):(to be completed by the NGO)

Organisation (NGO)	Odyssey House Trust Christchurch	Provider ID:	322193
MSD Funded Programme	Residential AOD		
Contact name	Nigel Loughton		
Organisation Address	98 Greers Road Burnside Christchurch		
Contact phone number	027 2345602		
Contact email address	nigel.l@odysseychch.org.nz		
Applicant Name			
Position applying for		Existing <input type="checkbox"/>	New <input type="checkbox"/>
Does this position require contact with children/young people?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type of contact with children/young people:	Caregiver / In Home Carer (complete ALL sections) <input type="checkbox"/>	Staff & Others (complete sections 1&2) <input type="checkbox"/>	

Please forward all completed forms to the NGO Caregiver Vetting Service

NGO_Caregiver_Vetting@MSD.govt.nz or NGO Caregiver Vetting Service, PO Box 1556, Wellington 6001

Privacy statement (must be read in full by applicant and signatories)

By signing this document I confirm that:

- I understand the information provided in this form is for the purpose of assessing my suitability to work with children and/or young people, and
- I am giving authority for the Ministry to search the relevant Child, Youth and Family (CYF) database and provide applicable information about me (and anyone named on this form*) to the NGO named above, and
- I understand that information about my household and family members is required to be provided by me so that any risk to any children/young people placed in my care may be properly assessed, and
- This information may include (but is not limited to):
 - reports of concern made to CYF and any ensuing investigation in relation to myself, members of my household or members of my family
 - notifications to or from other government departments (e.g. Police/Corrections) that CYF is aware of
 - my associates and/or family members
 - my employment with CYF or another organisation, including the reason for my dismissal, if applicable.
- I understand the Ministry will provide the information from the CYF database to the NGO directly, taking into account the position I have applied for and that is considered relevant to assessing my suitability to work with children and/or young people. This includes information relating to family/household members as above, and
- If I do not provide all the information in this form, my application may not be processed, thereby affecting my potential for employment.

***You should advise anyone named on this form that their details will be searched in the database however only information that is considered relevant will be released.**

Applicant signature

If applicable - Applicant 2 signature

Signed:

Signed:

Please note that all information released to the NGO must be managed in accordance with the Privacy Act 1993 and used solely for the purpose of assessing your suitability to work with children and /or young people. You need to discuss the results of this search directly with the NGO, in the first instance.

You have the right to ask to see the information the Ministry holds about you on the CYF database, and where applicable seek correction/amendment of it.

Requests to see a copy of your file can be referred to the Privacy and Official Information (POI) team, PO Box 1556, Wellington or NAT_POI_Requests@msd.govt.nz.

Requests for correction should be directed to complaints@cyf.govt.nz.

Authority to release information

Applicant must complete **all required sections in full** using BLOCK CAPITALS. Incomplete forms will be returned for completion.

Section 1: Applicant Details – Applicant 1

First name			
Middle name(s)			
Surname			
Date of birth			
Place of birth		Iwi/village	
Ethnicity		Gender	
Occupation		Employer	
Home Phone		Mobile	
Email			

Are you or have you ever been known by any other name?
(e.g. maiden, alias, previous name, other legal name, nickname)

Circle:

Yes

No

If **"YES"** provide details in box below.

--

Current Address – Applicant 1

Number		Street	
Suburb		City	
Country		Post code	

Provide last THREE previous New Zealand addresses – Applicant 1

Number		Street	
Suburb		City	
Country		Post code	
Number		Street	
Suburb		City	
Country		Post code	
Number		Street	
Suburb		City	
Country		Post code	

If you are unable to provide three previous New Zealand addresses please state why in the box below.

--

Authority to release information

Applicant 2 details are required for joint positions/dual applications only.

Applicant Details – Applicant 2

First name		Relationship to Applicant 1	
Middle name(s)			
Surname			
Date of birth			
Place of birth		Iwi/village	
Ethnicity		Gender	
Occupation		Employer	
Home Phone		Mobile	
Email			

Are you or have you ever been known by any other name?
(e.g. maiden, alias, previous name, other legal name, nickname)

Circle:

Yes

No

If **"YES"** provide details in box below.

Current Address – Applicant 2

Number		Street	
Suburb		City	
Country		Post code	

Provide last THREE previous New Zealand addresses – Applicant 2

Number		Street	
Suburb		City	
Country		Post code	
Number		Street	
Suburb		City	
Country		Post code	
Number		Street	
Suburb		City	
Country		Post code	

If you are unable to provide three previous New Zealand addresses please state why in the box below.

--

Authority to release information

Section 2: Children and Dependants

Circle:

*This question refers to your **OWN** children (i.e. biological children/adopted children)*
Do you have, or have you had any children?

Yes

No

*This question refers to **OTHER** children currently in your care*
Are you currently providing care for children, other than your own, under 18 years of age?

Yes

No

If "**YES**" to either question, provide the required details below.

FULL NAME e.g. Jane Anne Doe	OTHER KNOWN NAME eg Maiden/Alias/ Married/Nickname	DATE OF BIRTH DD/MM/YY	RELATIONSHIP TO YOU e.g. son/daughter/ step-son/whānau child/niece/ grandchild/other	IS THIS CHILD A HOUSEHOLD MEMBER (this includes both permanent & occasional) Circle:	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

Are you, your family or household members (if applicable) known to Child, Youth and Family? Circle:

Yes

No

If "**YES**", provide details in the box below including date, place and circumstance. Include any investigation or appearance in the Family Court for care and protection/custody/guardianship or disputes either in New Zealand or overseas.

Are you currently, or have you ever, worked with children and/or young people? Circle:

Yes

No

If "**YES**", provide the name of the Organisation/Employer, your position and dates to and from in the box below.

