

Required for Veterinary Nursing programmes:

- New Zealand Diploma in Veterinary Nursing L6
- New Zealand Diploma in Veterinary Nursing (Companion Animal Veterinary Nursing) L6
- New Zealand Certificate in Animal Technology L5
- New Zealand Certificate in Animal Healthcare Assisting (Companion Animal Healthcare) L4
- New Zealand Certificate in Animal Care (Companion Animals) L3

Personal Information

Legal First Name(s):

Legal Surname:

Date of Birth:

DAY

MONTH

YEAR

Student ID (if known):

Current Address:

STREET ADDRESS

SUBURB

TOWN OR CITY

POSTCODE

Phone Number:

Programme Applied for:

The information given will be held in strict confidence

Background Information

Acceptance into the programmes are conditional on:

- The student declaring their health and tetanus vaccination status.

Students must be able to carry out physical activities within the animal room and work placement to fulfill the requirements of the programme. Students must also have no objection to working with animals, dissection of animal body parts, body fluids, and cadavers. UCOL reserves the right to decline entry to the programme should an applicant's physical ability or sensitivity to dead animals or animal body parts prevent them carrying out practical activities to fulfill the requirements of the programme.

Health Status

Please complete the checklist below. If a pre-existing condition undisclosed here reoccurs and affects your progress, this could prevent you continuing with the programme.

Do you live with the ongoing effects of any use of the following conditions?

- | | | | | | |
|------------------------------|-----------------------------|--|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rheumatic fever | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Joint problems |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Heart complaint or high blood pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Foot or leg problems |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Allergies of any kind | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hand or arm problems |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Varicose veins | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Head injury |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sight or hearing impairment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Severe or recurrent headaches |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Diabetes or kidney function illness | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Epilepsy, fainting, seizures, or any loss of consciousness |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | A substance related disorder or dependence | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Asthma, bronchitis, pleisury, or lung disease |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Mental illness requiring psychiatric care | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Back problems | | | |

If you respond "yes" to any conditions, please provide a brief outline for each:

☐ Yes ☐ No Have you been vaccinated for tetanus?

☐ Yes ☐ No **Will you be able to work with all animals, dissection of animal body parts, body fluids, and cadavers (dead animal bodies)?**

Declaration

I understand that UCOL may ask me to provide further information about my health status or inability to work with some animals, the dissection of animal body parts, body fluids, and cadavers.

I understand that declaring a health related issue(s) does not necessarily exclude me from participating in the programme, but will provide UCOL with an opportunity to discuss with me how to support me in the programme.

Signature:

Date:

DAY

MONTH

YEAR

Section 1: Agency to complete

For more information please see the [Guide to PVS Request & Consent Form](https://www.police.govt.nz/advice-services/businesses-and-organisations/nz-police-vetting-service/forms-and-guides)
(<https://www.police.govt.nz/advice-services/businesses-and-organisations/nz-police-vetting-service/forms-and-guides>)

1.1 Name of agency submitting vetting request

1.2 Name of the person being vetted

1.3 Description of the role of the person being vetted

This is a brief description of the role (not the job title). This is used by Police to help decide what type of vet is conducted if it is unclear from the following questions.

1.4 Which groups will the person being vetted be working with (select all that apply):

☐ Children/ Young People☐ Vulnerable Adults

1.5 Does the role involve caring for people in the home of the person being vetted?

This is about whether the person being vetted is providing services out of their own home (that is, are vulnerable children or adults visiting the home of the person being vetted for support).

☐ Yes☐ No

1.6 Is the person being vetted:

☐ A paid worker☐ A volunteer☐ Undertaking vocational or educational training

1.7 Is the person being vetted a Children's Worker according to the Children's Act 2014, section 23(1)?

*If the person being vetted is not working with children/ young people (Q 1.4), tick 'No' then skip to question 1.11.
If the person being vetted IS working with children (Q 1.4) AND is a volunteer (Q 1.6), tick 'No' then skip to question 1.9.*

☐ Yes☐ No (skip to question 1.9)

1.8 Is the role of the person being vetted a core or non-core worker role according to the Children's Act 2014, section 23(1)?

☐ Core worker☐ Non-core worker

1.9 Has the person being vetted previously been Police vetted by your agency?

☐ Yes☐ No (skip to question 1.11)

Request & Consent Form

1.10 Is the person being vetted still working in the role for which your agency last obtained a Police vet?

If this request is a renewal of the person's previous vet for this role, please select Yes. Otherwise, answer no.

☐ Yes

☐ No – the person being vetted is applying for a new role or position

1.11 What is the job title of the person being vetted?

1.12 Evidence of identity (to be completed by agency representative or identity referee)

[See consent form guide for details on how to complete this section](#)

☐ A primary ID has been sighted (mandatory)

☐ A secondary ID has been sighted (mandatory)

☐ One form if ID is photographic (mandatory)

☐ Evidence of name change has been sighted (if applicable)

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

☐ An assertion of a RealMe identity has been received (see [consent form 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 as to the identity of the person being vetted.
- ✓ I have obtained the authorisation of the person being vetted to submit this vetting request as set out in section 3 of this form.

Agency Representative:

Name:

Date:

Signature:

Electronic signature



Section 2: Person being vetted to complete and return to agency

* Denotes a mandatory field

2.1 Personal Information

Note the name you are most commonly known by is your primary name

* Family name (Primary)

* First/Middle name(s)

* Gender

* Date of birth

Place of birth
(Town/ City/ State)

* Country of birth

NZ Driver Licence number

2.2 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. Please include ALL names (first, middle and last) for each alias/previous name.

Family name

First name

Middle names

2.3 Permanent residential address

* Flat/ Number/ Street

* Suburb

Post Code

* Town/ City

Section 3: Person being vetted to complete and return to agency

3.1 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:
 - a. Conviction histories and infringement/demerit reports.
 - b. Active investigations, charges and warrants to arrest.
 - c. Charges that did not result in a conviction including those that were acquitted (not guilty), discharged without conviction or withdrawn.
 - d. **Any** interaction I have had with New Zealand Police relevant to the role being vetted, including investigations that did not result in prosecution or were resolved by an alternative resolution programme.
 - e. Information regarding family violence where I was the victim, offender or witness to an incident or offence. This is particularly relevant where the role being vetted for takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
 - f. Information subject to name suppression where that information is necessary for 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 for the purpose of an overseas visa/work permit and authorises the vetting report to be provided directly to the relevant embassy, high commission, or consulate.

Please see the [vetting website](#) for more information regarding the Clean Slate legislation and what may be released.

3. The Police Vetting Service may disclose newly obtained relevant information to the requesting agency after the completion of the Police vet in the following circumstances:
 - a. The disclosure of the newly obtained information is justified under the Privacy Act 2020 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
 - b. The Police Vetting Service has taken steps to confirm that the purpose for the Police vet still exists – e.g., that I am employed or engaged in a role that required a Police vet.

The Police Vetting Service will take reasonable steps 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 report released to the agency (to be provided by the agency) and can request a correction of any personal information by contacting the Police Vetting Service.
6. Please notify the agency or the Police Vetting Service if you wish to withdraw your consent.

For further information about the vetting process, please see the [vetting website](#).

Authorisation of person being vetted:

- ✓ 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 relevant to my application (as described above) to the agency making this request for the purpose of assessing my suitability.

Name:		Date:	
Signature:		Electronic signature	<input type="checkbox"/>