

# Playcentre Aotearoa's Safety Checking Renewal Form for Students/Employees



To the student/employee – please fill in page 1 of this form, including the Applicant declaration section.

This form will be kept for 3 years or until a new check is completed or the individual is no longer engaged with Playcentre, whichever is sooner

Name:	Centre:
Phone:	Email:

## Applicant declarations

I, \_\_\_\_\_, understand that by completing this form and the attached police vetting form I am consenting to Te Whānau Tupu Ngātahi o Aotearoa-Playcentre Aotearoa, Inc. undertaking a safety check including a Police vet on me, and assessing any risks I may present to tamariki or the centre.

I hereby confirm that all information provided in this document, any additional application documents and interviews done relating to this role are true and correct to the best of my knowledge.

I understand that the results of any Police Vet will be retained for the length of time that I am engaged in the Playcentre Education Programme and/or employed by Playcentre, or until it is replaced by a new Police Vet result. I consent to the outcomes of this safety check being shared with the Playcentre at which I am currently applying to be involved, any future Playcentres I may wish to work or train at, and to the Playcentre Education Programme database if I am or wish to be involved with the adult education programme.

*Please tick one of the statements below:*

- I confirm my name has not changed since the previous safety check completed on me
- I have changed my name since the previous safety check completed on me and I will provide original documentation supporting this change.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Playcentre Aotearoa's Safety Checking Renewal Form for Students/Employees



This section is completed by a Playcentre Authorised Employee. Please ensure you complete this form fully, recording outcomes, and signing/dating each box as you complete them. You must ensure that once the risk assessment has been completed, the outcome is recorded on this form.

Safety Checking Identity Confirmation:		
	Details of copy	Name of Person verifying & Date
Primary ID <sup>^</sup>	Attached and verified? Yes      No	
Secondary ID <sup>^</sup>	Attached and verified? Yes      No	
Identity Confirmed <sup>^</sup> <i>(delete option which does not apply)</i>	Photo on ID matches applicant, OR Identity referee documents <i>attached</i> <sup>1</sup>	
Police Vet Form Completed	Attached?                      Yes      No	

<sup>1</sup> Applies when the person has no photo ID – ask HR if you need to use this option

<sup>^</sup> Not required for the safety check renewal – unless name has changed, then proof of new name is required

NATIONAL / REGIONAL USE ONLY:	Date and/or Outcome	Signature to show completed
Police Vet Submitted		
Police Vet Returned	Date:                      Outcome:	
Interview Completed		
Referee Contacted	Date:                      Outcome:	
Search NZPF Records/ Teacher Registration <i>(If applicable)</i>		
Risk Assessment	Date:                      Outcome: No Risks Identified* / Action Plan (attached) / Risk too high <i>(circle one)</i>	
Update Records	Entered into Safety Checking Sharepoint. Completed form filed with student/employee	Done?              Yes      No
Individual Informed	Email / phone / Mail <i>(circle as appropriate)</i>	

\*Complete risk assessment declaration below once you have identified there are no risks

I have evaluated the information gathered to assess the risk this prospective children's worker would pose to the safety of children if employed or engaged in our service. I consider this prospective children's worker to be safe to work with children.

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

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

