

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: _____



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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: [Applicant name: _____] | | |
|---|--|-----------------------------------|
| | Details of copy | Name of Person verifying and Date |
| Primary ID [^] | Attached and verified? Yes No | |
| Secondary ID [^] | Attached and verified? Yes No | |
| Identity Confirmed [^] (delete option which does not apply) | Photo on ID matches applicant OR Identity referee documents <i>attached</i> ¹ | |
| Police Vet Form Completed | Attached? Yes No | |

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

[^] 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 | | |
| Risk Assessment | Date: Outcome: No Risks Identified* Action Plan (attached) Risk too high | |
| Update Records | Entered into Safety Checking Sharepoint. Completed form filed with student/employee | Done? Yes No |
| Individual Informed | Email Phone Mail (tick as appropriate) | |

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

[NATIONAL/REGIONAL STAFF ONLY]

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: _____

