

Playcentre Aotearoa's Safety Checking Form for Intending 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:
5-year work History / CV		
Year/s:	Employer (Volunteer or Paid or NA):	Role:
Character Referee (not related or extended family)		
Name:		
Relationship:		
Contact:		

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.

Applicant Signature: _____ Date: _____



Playcentre Aotearoa's Safety Checking Form for Intending 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 [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 <i>(delete option which does not apply)</i>	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

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* Risk too high	Action Plan (attached)
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: _____

