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|  | **Lutheran Church of New Zealand**  Te Hāhi Rūtana o Aotearoa  **District Office Please email completed form to: admin@lutheran.org.nz** |

**NZ Police Vetting Form - Vetting Application - Request and Consent Form**

*By signing this form I consent to the disclosure by the NZ Police of any information they may have pursuant to this application, to the Lutheran Church of new Zealand. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.*

**Applicant’s Role: Date of Consent:**

**Family Name:**

**First name: Middle Name:**

**Gender:**

**Date of Birth: Place of Birth:**

**NZ Driver Licence Number: Agency Code:** L30112

**Permanent Residential Address**

**Number/Street:**

**Suburb: Post Code:**

**Town/City:**

**Applicants Signature: Date signed:**

**1st Referee’s full name:**

**Number/Street:**

**Suburb: Post Code:**

**Town/City: Contact Phone Number:**

**Referee’s Signature: Date signed:**

**2nd Referee’s full name:**

**Number/Street:**

**Suburb: Post Code:**

**Town/City: Contact Phone Number:**

**Referee’s Signature: Date signed:**