



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: