

INFORMED CONSENT TO RELEASE PERSONAL INFORMATION

E: enquiries@staffchecks.com

StaffChecks Ref:

*Request on behalf of: (Company)



This form may be filled in by typing the information in the fields of the PDF or by printing the form and handwriting the information.

Step 1 **Your details** (please print or type)

Note: All fields marked with an asterisk (*) must be completed. Failure to do so will cause delays in processing your application.

Your Personal Details

*First Name:

Middle Name(s):

*Surname:

Position Applied for:

*Have you been known by any other names? ☐ Yes ☐ No

Previous names - Maiden names, other names you are known as, or have used

First Name

Middle names (separated by commas)

*Surname

*Date of birth:

*Gender:

☐

Male

☐

Female

☐

Do not wish to state

Place of Birth:
(City & Country)

Your Email:

*Contact Number:

NZ Driver Licence #:

Version #:

(5b on Licence)

Social Media User Name:

Current address

*Street #:

Unit:

*Street Name:

Suburb:

*Town / City:

State / Province:

Postal Code:

Country:

*Have you lived at any other New Zealand address in the last 10 years? ☐ Yes ☐ No

*Street #: Unit: *Street Name:

Suburb:

*Town / City: Post Code:

*Street #: Unit: *Street Name:

Suburb:

*Town / City: Post Code:

Step 2 Your identification



Please attach a legible photocopy of your identification which must contain your signature. This can be any one of the following:

☐ **New Zealand Driver Licence** – can be current or expired within the last 2 years, but cannot be cancelled, defaced or a temporary licence.

☐ **New Zealand Passport** – can be current or expired within the last 2 years, but cannot be cancelled or defaced. Must show your signature.

☐ **Overseas Passports** – must be current and cannot be expired, cancelled or defaced. Must show your signature.

☐ ***If you do not have any of these forms of identification, you will need to complete Step 4.**

Step 3 Your authority to release information to Staffchecks Ltd

I, the undersigned, authorise StaffChecks (the trading name of StaffChecks Ltd) ("SCL") and its duly authorised agents, to collect, retain and disclose personal information about me in accordance with the following:

- The information collected may include all or any of the following:
 - Details of previous traffic and criminal convictions;
 - Confirmation of identity;
 - Employment history;
 - Educational qualifications;
 - Credit record;
 - Referees as to character and Tenancy Records / suitability for employment;
 - Work permit status;
 - International agencies (Qualifications / memberships);
 - Educational Institutions;
 - Media & Reputational Checks;
- Information may be collected from all or any of the following agencies:
 - Police;
 - Ministry of Justice;
 - Equifax;
 - NZ Transport Authority (NZTA);
 - Department of Courts;
 - Government Tribunal;
 - World Check, Anti money laundering;
 - Accident Compensation;
 - New Zealand Immigration Service;

And such other sources which may hold necessary information including, but not limited to, referees, current and previous employers and individuals or organisations with which I have been associated. As part of the Credit check you give the Consumers information to Equifax. Equifax collects that information and uses it to update its credit reporting database for use by other credit providers.

- Any personal information that is collected and retained by SCL and subsequently disclosed by SCL (as set out below) will only be used for the sole purpose of evaluating my suitability for employment with the Company. The information will be disclosed to the Company named above and only used by it for the sole purpose of evaluating my suitability for employment with the Company.
- I may obtain access to (and request the correction of) any information about me that is held by Ph 0800 782 332 or enquiries@staffchecks.com, at any time, subject to any right that SCL has to refuse me access on the grounds that the information constitutes "evaluative material" (as defined in the Privacy Act 2020) or as otherwise provided for by the Privacy Act 2020.

NOTE: Your personal information is deleted from StaffChecks database after 4 months from date the information was submitted by your prospective employer/third party.

*Your signature:

X

*Date:

Forms can be signed by using a stylus pen. The signature must be the same as the ID and cannot be pasted onto the form, it must be part of the form just like when someone signs in ballpoint pen. Agencies will not accept signatures that can be manipulated on the document e.g. typed using Adobe's "Fill and Sign" feature, which allows a person to type text which will turn it into text that resembles a signature.

Step 4 Proof of identity

Only complete if you do not have a driver licence or passport

You will need to ask someone who can confirm your identity to fill in this section. If you are unable to get someone to complete Step 4, then you must complete a statutory declaration. The relevant form can be obtained from your local District Court or go to www.justice.govt.nz/services/criminal-records

The person who identifies you must:

- ✓ Have known you for more than 12 months
- ✓ Be aged 18 years or over
- ✓ Have a day time phone number and be contactable during normal business hours
- ✗ Not be a relative (a relative is a person connected by blood or marriage), and
- ✗ Not live at the same address.


Identifier to complete

Identifier's surname:	<input type="text"/>		
Identifier's first name:	<input type="text"/>		
Identifier's middle names (<i>separated by commas</i>):	<input type="text"/>		
PO Box or Street address:	<input type="text"/>		
Suburb:	<input type="text"/>		
Town/City:	<input type="text"/>		
State/Province:	<input type="text"/>		
Post Code:	<input type="text"/>	Country:	<input type="text"/>
Telephone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		

I declare that I have personally known

Surname:	<input type="text"/>		
First name:	<input type="text"/>		
Middle names (<i>separated by commas</i>):	<input type="text"/>		
For	<input type="text"/>	years and vouch for their identity.	

Signature of the identifier:



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