

Please return this form to the Anglican Diocese of Nelson office for collating and forwarding to the Licensing & Vetting Service Centre

The Anglican Diocese of Nelson



CONSENT TO DISCLOSURE OF INFORMATION
Agency Code: D30037

Licensing & Vetting Service Centre
Office of the Commissioner
P O Box 3017
WELLINGTON

Parish.....
(enter Diocese if a Diocesan position)

I .....
(Surname) (Fore Names)
(Maiden or any other names used)

Sex ..... (M/F) Date and place of birth .....

Nationality.....

Residential Address .....

Suburb ..... City.....

NZ Drivers Licence number .....

Hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to the Diocese of Nelson. 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.

Signed ..... Date .....
(Applicant)

Consent and identity verified by (signature): .....
(Witness): Drivers Licence or Passport sighted and signature verified

Role to be held in Parish/Diocese: .....

Person within Diocese requesting this information: .....

COMMENTS OF THE NEW ZEALAND POLICE

Agency Code: D30037

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