SOCIAL PRACTICE SELF DECLARATION AND CONSENT TO DISCLOSURE FORM

The Bachelor of Social Practice requires you to undergo a process of Safety Checking as set out in the Vulnerable Children Act 2014 and the Vulnerable Children (Requirements for Safety Checks of Children's Workers) Regulations 2015. We require you to fill out and complete this form, as well as:

• A NZ Police Vetting Service Request and Consent Form
• An Acknowledgement Form
• A Referee Contact Details Form

All information provided by you, or subsequently obtained, will be treated as confidential by Unitec and in accordance with the Privacy Act 1993.

DECLARATION AS TO CRIMINAL CONVICTIONS

Please note: Convictions are not necessarily a barrier to entry to the programme but may prevent you from gaining registration with the registering authority, or gaining access to practicum activities. You are required to immediately inform Unitec of any criminal charges that you face (other than minor traffic offences), prior to and during the duration of the programme. Failure to do so may result in your place being withdrawn.

Subject to the requirements of the Vulnerable Children Act 2014, the Criminal Records (Clean Slate) Act 2004 will not enable the concealment of any convictions.

• If you have any criminal convictions (other than minor traffic offences) please list them below.

I, ____________________________  ____________________________  ____________________________
(Family Name/Surname)  (First Name or Names)  (Middle Names)

I declare that, I have not had ☐ or I have pending ☐ or I have had ☐ a
criminal conviction(s).

Provide details of all criminal conviction(s) if any. (Including minor traffic offences)
Nature of Offence(s):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
DECLARATION AS TO MEDICAL CONDITIONS

The New Zealand Social Work Registration Board is responsible for the registration of social workers. When granting registration, the Board will determine whether a person is ‘fit and proper’ to practice as a social worker. (please refer to information provided by the Board E.g. Fit and Proper Policy).

Do you have a medical or psychological condition which could limit your ability to achieve professional registration in New Zealand?

Yes  No  

Provide details:

NEW ZEALAND DRIVER’S LICENSE

Applicants for the Bachelor of Social Practice must hold a full New Zealand driver’s license or acceptable international equivalent by the end of the second year of the programme. With the exception of applicants that have a doctor’s certificate stating that they are unable to drive due to disability/medical reasons.

Please indicate your current driver’s license status:

Learner  Restricted  Full  No License  

ACKNOWLEDGEMENT

I hereby acknowledge that:

- I have fully read, understood and agree to the contents of this form.
- The information I have given in this form is true, complete and accurate.
- My enrolment may be terminated, and my application to register as a practitioner may be prejudiced if, any false or deliberately misleading information is given, or any material fact is suppressed.
• All places on this programme are subject to a verified and satisfactory police check and referee check. If an unsatisfactory check is received, my enrolment will be reviewed, and my place on the programme may be cancelled.

• A police vetting check will be carried out prior to commencing each fieldwork practicum.

• I have the right to access and correct any personal information held by Unitec.

(Signature)                                                                 (Date)

CONSENT TO DISCLOSURE

• I authorise Unitec to conduct such enquiries, and to obtain such information from any person(s) it considers reasonably necessary, to determine my suitability for the programme.

• Pursuant to Section 6 of the Privacy Act 1993 (Principle 11(d)), I authorise the disclosure of information contained in this form, and any other supporting information provided, or obtained in accordance with the form, by the Unitec Social Practice Pathway to host institutions for the purposes of practicum placements.

(Signature)                                                                 (Date)