

Police Check Application

To be completed by the session clerk

Parish
Name
Parish Address
Email Address
Names of people to be vetted

CHECKLIST

- | | |
|--|--------------------------|
| I have checked request and consent forms have been completed in full | <input type="checkbox"/> |
| Copies of photo IDs are attached | <input type="checkbox"/> |
| I confirm that the attached identification belongs to the individuals to be vetted | <input type="checkbox"/> |
| These request and consent forms were filled out less than three months ago | <input type="checkbox"/> |
| Request and consent forms for all individuals listed above are attached | <input type="checkbox"/> |
| My parish belongs to the OSCAR programme (only tick if yes) | <input type="checkbox"/> |

Signature

Date

Please note that applications must be sent by mail. Faxes and e-mails will not be used except for providing general information about the process. Please post completed form to:

Police Checks
Assembly Office
PO Box 9049
Wellington, 6141