

Consent to Disclose Information Form

New Zealand Tertiary College



IMPORTANT: Scan and eMail: enrolments@nztertiarycollege.ac.nz

Fax: 09 520 4020

alternatively post to: **Auckland Campus**

New Zealand Tertiary College
PO Box 17143
Greenlane, Auckland 1546

Christchurch Campus

New Zealand Tertiary College
PO Box 5561
Papanui, Christchurch 8542

I,
(Surname) (First names)

(Maiden or other names used)

Gender: Male Female Date and place of birth:

Nationality: Residential address:

Suburb: City:

NZ Drivers License number:

I hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to train as a teacher of young children, to New Zealand Tertiary College. 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: Dated:

POLICE COMMENTS:

Please note:

Should you have any queries, please phone New Zealand Tertiary College on (Auckland) +64 9 520 4000 or (Christchurch) +64 3 366 800

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