



Pohutukawa Coast Crime Watch Patrol Check list for New Applicants

All New Applicants must complete the following

1. Application to Join Patrol - Complete pages 1, 2, 3	✓
2. Police Vetting & Consent Form - Pages 2 & 3 to be completed by Applicant	
CPNZ – Code of Conduct – Signed by Applicant	
ID Card Application - Signed by Applicant	

Applicant to Provide	
a. Colour Copy of Drivers Licence (Both Sides)	
b. Colour Copy of Passport (Both Pages 2 & 3)	
c. 4 x Colour Photos for I.D. (Passport size)	

Completed forms are to be handed in to the
Beachlands Police Station, 43 Kouka Road, Beachlands



Pohutukawa Coast Community Patrol
Application to join a Patrol

Personal Details

Surname: _____

First Name: _____

Previous

Surname: _____

Date of Birth: _____

Driver Licence: _____

Occupation: _____

Address: _____

Post Code: _____

Email: _____

Phone Home: _____

Mobile: _____

Previous Work Experience

1. _____

2. _____

3. _____

Previous Volunteer Work Experience

1. _____

2. _____

3. _____

Qualifications

1. _____

2. _____

3. _____

Skills

- 1. _____
- 2. _____
- 3. _____

Interests and Hobbies

- 1. _____
- 2. _____
- 3. _____

Please tell us why you are volunteering for this role.

Background information

Due to the sensitivity of some of the information you may encounter in your role, you will be required to undergo a Police Security Clearance check.

Are you aware of any information that may be derived through the security checking process?

If yes, please provide details:

Do you have any special health requirements, medication, or disabilities that the Volunteer Supervisor or those working with you should be aware of?

Emergency Contact Details

Please write down the name of a family member or friend who you would like to be contacted in the event of an emergency

Name

Address

Phone

References

Please supply the name and contact details of two referees.

Name 1

Address

Phone

Relationship to
you

Name 1

Address

Phone

Relationship to
you

I give my consent to the Police and the _____ Community Patrol to make enquiries into my suitability as a volunteer and I authorise any person approached by the Police in this matter to release or disclose all information relevant to this application.

Signed: _____ Date: _____

Section 1: Approved Agency to complete (For more information please see the [Guide to Completing the Consent Form](#) - <http://www.police.govt.nz/advice/businesses-and-organisations/vetting/forms-and-guides>)

Name of Approved Agency submitting vetting request:

Name of Applicant to be vetted:

Description of Applicant's role:

Applicant's purpose

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Employee | <input type="checkbox"/> Contractor/Consultant | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Prosecution |
| <input type="checkbox"/> Vocational Training | <input type="checkbox"/> Licence/Registration | <input type="checkbox"/> Visa/Work Permit | <input type="checkbox"/> Other |

What group(s) will the applicant have contact with in their role for your agency?

- | | | | |
|---|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Children/Youth | <input type="checkbox"/> Elderly | <input type="checkbox"/> Other Vulnerable Adults | <input type="checkbox"/> Other |
|---|----------------------------------|--|--------------------------------|

What is the applicant's primary role for your agency?

- | | | | | |
|--|---|-------------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Caregiving (Children) | <input type="checkbox"/> Caregiving (Vulnerable adults) | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Education | <input type="checkbox"/> Other |
|--|---|-------------------------------------|------------------------------------|--------------------------------|

Will the role take place in the applicant's home?

- Yes No

Will the applicant be a volunteer or paid for their role?

- Paid Volunteer

Is this request mandatory under the Children's Act 2014 (CA)?

- | | |
|--|---|
| <input type="checkbox"/> Yes: Core childrens worker | <input type="checkbox"/> Yes: Non-core childrens worker |
| <input type="checkbox"/> No (mandatory under other legislation/optional/standard Police Vet) | |

If this is a mandatory Children's Act request, please specify the check reason below:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> New Children's Worker | <input type="checkbox"/> Existing Children's Worker | <input type="checkbox"/> CA Renewal |
|--|---|-------------------------------------|

Evidence of Identity (to be completed by agency representative/delegate or identity referee - see [guide](#) for details)

- | | |
|---|---|
| <input type="checkbox"/> A primary ID has been sighted (Mandatory) | <input type="checkbox"/> A secondary ID has been sighted (Mandatory) |
| <input type="checkbox"/> One form of ID is photographic (Mandatory) | <input type="checkbox"/> Evidence of name change has been sighted (if applicable) |

OR: If your organisation is able to accept a verified RealMe identity then:

- An assertion of a RealMe identity has been received (see [guide](#) for further information).

In making this request, I confirm that:

- ✓ I have complied and will comply with the [Approved Agency Agreement](#)
- ✓ I am satisfied with the correctness of the applicant's identity
- ✓ I have obtained the Applicant's authorisation to submit this vetting request as set out in section 3 of this form

Approved Agency Authorised Representative:

Name: _____

Date: _____

Signature: _____

Electronic
Signature



Name of Approved Agency submitting vetting request:

Section 2: Applicant to complete and return to Approved Agency

**Denotes a mandatory field*

Personal Information

Details (note: the name you are most commonly known by is your primary name)

*Family name (Primary):

Given name(s):

*Gender: (M) (F) (Other) *Date of birth: (dd/mm/yyyy)

Place of birth: (Town/City/State)

*Country of birth

NZ Driver Licence number:

Previous names: If applicable, please include other alias or alternate names; married name if not your primary name; previous/maiden/name changed by deed poll or statutory declaration.

Family name	First name	Middle names

Permanent Residential Address

*Number/Street:

Suburb: Post Code:

*City/Town/Rural District:

Section 3: Applicant to complete and return to Approved Agency

Consent to release information

1. The New Zealand Police may release any information they hold if relevant to the purpose of this vetting request. This includes:
 - Conviction histories and infringement/demerit reports
 - Active investigations, charges and warrants to arrest
 - Charges that did not result in a conviction including those that were acquitted, discharged without conviction, diverted or withdrawn
 - Any interaction I have had with New Zealand Police considered relevant to the role being vetted, including investigations that did not result in prosecution
 - Information regarding family violence where I was the victim, offender or witness to an incident or offence, primarily in cases where the role being vetted takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
 - Information subject to name suppression where that information is necessary to the purpose of the vet
2. If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released **unless**:
 - a. Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime)
 - b. Section 31(3) of the Children's Act 2014 applies to this request (safety checks of core children's workers).
 - c. The vetting request is made by an individual for the purpose of an overseas Visa/Work Permit as a Privacy Act request authorising the vetting result to be provided directly to the relevant embassy, high commission or consulate.

Please see the [guide](#) for more information regarding the Clean Slate legislation.

3. The Police Vetting Service may disclose newly-obtained relevant information to the Approved Agency after the completion of the Police Vet in the following circumstances:
 - The disclosure of the newly-obtained information is considered to be justified under the Privacy Act 1993 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
 - The Police Vetting Service has taken steps to confirm that the purpose of the Police vet still exists – e.g. that I got the role which required a Police vet and am still employed or engaged in it.

The Vetting Service will endeavour to notify you prior to the disclosure.

4. Information provided in this consent form may be used to update New Zealand Police records.
5. I am entitled to a copy of the vetting result released to the Approved Agency (to be provided by the agency) and can seek a correction by contacting the Vetting Service.
6. The Approved Agency will securely dispose of this consent form, copies of identification documents and the vetting result within 12 months of receiving the result unless a longer retention period is required by legislation.
7. I may withdraw this consent, prior to Police's disclosure of the vetting result, by notifying the Approved Agency.

For further information, please see the [Guide to Completing the Consent Form](#).

Applicant's Authorisation:

- ✓ I confirm that the information I have provided in this form relates to me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand Police to disclose any personal information it considers relevant to my application (as described above) to the Approved Agency making this request for the purpose of assessing my suitability at any time.

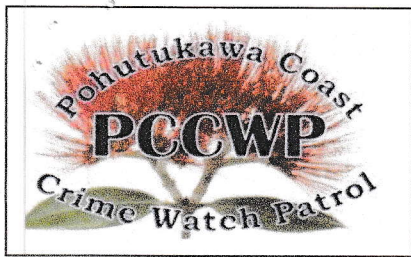
Name: _____

Date: _____

Signature: _____

Electronic
Signature





CODE OF CONDUCT



FOR POHUTUKAWA COAST CRIME WATCH PATROL (PCCWP) and COMMUNITY PATROLS OF NZ (CPNZ)

A code of conduct is a key organisational tool for supporting positive behaviour and preventing inappropriate behaviour and conduct. Any form of inappropriate behaviour is incompatible with the above organisations.

As a member of the above organizations you are expected to uphold these organizations professionalism and values.

I (PRINT NAME) _____

ID CARD No _____

1. I will observe all New Zealand laws.
2. I will perform my duties in a manner that that avoids potential conflicts of interest with work or reputation of PCCW and CPNZ.
3. I will at all times display my ID Card and wear the PCCWP – CPNZ Yellow Hi-Viz jacket while on patrol.
4. I will maintain the confidentiality of any information to which I have access or receive, such as the "Watch Sheets".
5. I will use the assets and resources to which I have access in a responsible manner and account for all money and property.
6. I will act professionally with a high standard of language and behaviour, and endeavour to continually enhance the reputation and good names of PCCWP and CPNZ.
7. I will not abuse my position as a PCCWP/CPNZ patroller for personal gain by requesting, soliciting or accepting any payment, gift, service or favour.
8. I will not consume alcohol; take drugs (unless prescribed by a doctor) within eight hours prior to going on a patrol, or take illegal substances.
9. I will drive a patrol vehicle only when I am over the age of 25 years and have a current driver's licence for that class of vehicle and obey all traffic laws and regulations.
10. I will commit to undertake regular training as required by PCCWP/CPNZ.
11. Observe all Health and Safety requirements and not put any other patroller or anyone else at risk, nor will I put personal property of PCCWP or anybody else's property at risk.
12. I will only carry out the observing and reporting roles as per the PCCWP Watch Sheet unless requested by the Police or required as part of a patrol project.
13. On completion of my service as a patroller I will return my Identification Card and any items and property that belong to the above organisations.

Breaches of the Code of Conduct may lead to termination of your membership with PCCWP/CPNZ.

In most cases a warning will be issued first and in all cases the PCCWP Trust Board will decide on the appropriate action.

Your signature below affirms that you accept PCCWP/CPNZ Code of Conduct and have read and understood our Health and Safety Policy.

Signed _____

Dated / /

Witness _____



COMMUNITY PATROLS
OF
NEW ZEALAND

CPNZ ID Card Application Form

* Mandatory field

CPNZ PATROLLER PROFILE					
*Surname		*1 st name		Known as	
*Birth date		*Gender		D/Lic No	
Work #		Home #		*Mobile #	
*Address			Suburb		
City			Post Code		
*Email					
Skills	ie. First Aider, Mediator etc.				

PATROL PROFILE	
Patrol Name	
Patrol Leader	

POLICE LIAISON OFFICER	
Name	
Email	

IDENTITY CARD NUMBER	MEMBER PHOTOGRAPH		
<table border="1"><tr><td>Card Number</td><td></td></tr></table>	Card Number		
Card Number			

I _____ accept that I am applying for a CPNZ ID card, that the ID card remains the property of CPNZ and I will surrender the ID card upon request.

I understand that the ID card issued to me provides a unique ID number, which provides me access to the CPNZ Secure Members site and as such I agree to not provide my ID card number to any other person.

I confirm I have read, understood and signed the CPNZ Code of Conduct form, which has been returned to the patrol.

Signed: _____

Email to: database@cpnz.org.nz.