AUTHORISATION FOR USE OF PERSONAL INFORMATION



To: The Social Worker Oranga Tamariki—Ministry for Children (Oranga Tamariki)

To be completed by the individual who is authorising the use of personal information.

By signing this form, I authorise Oranga Tamariki to use any relevant personal information about me and my tamariki/children as appropriate, to **EITHER** assess my application to be an approved caregiver for a tamaiti/ child in the care or custody (or control) of the Chief Executive of Oranga Tamariki or to adopt a tamaiti/child **OR** to assess my suitability as a household occupant in the residence where an Oranga Tamariki caregiver or adoptive applicant resides (delete as appropriate). I understand the social worker may need to discuss my information with other applicant(s) and this will be discussed with me in the first instance. I understand the social worker may need to discuss the references with my referees and the medical report (for applicants only) with my doctor as part of the assessment process.

That information includes, where relevant, but is not limited to information from:

- past applications by myself (whether accepted or declined)
- past details about me, when providing care for any tamaiti/child
- the Oranga Tamariki records relating to:
 - when I was a subject tamaiti/child (either care and protection or youth justice related)
 - where I was an information giver or notifier
 - where I had some involvement with Oranga Tamariki for example, where I have been part of a plan supporting a member of my extended whānau/family
- results of New Zealand police vetting, and overseas police reports including criminal history and other relevant information.

First names: _	 Previous name:	
Date of birth: _		
Address: _		
My children:		
Name(s):	Date of birth:	Age:

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