

Completing the Conviction History Check Form Priv/F2

Note for **Corrections Managers and Coordinators** who assist with the completion of these forms

*Assets and Property Staff please refer to specific instructions issued to you.
These instructions do not apply*

You **must** complete the processing box in the top left corner. If this box is not completed the form will be processed within the standard timeframe explained below.

Emergency

If received by MOJ before 10am on a working day it will be returned the same day

If received by MOJ after 10am on a working day it will be returned within 24 hours

This category should not be used for recruitment check purposes

Urgent

If received by MOJ on a working day it will be returned within 3 working days

This category can be used for all checking purposes including recruitment.

If you require this timeframe please fax the form to MOJ.

Standard

Will be processed by MOJ within 20 working days and will be mailed back not faxed.

Any forms that need to be processed as Emergency or Urgent should be faxed or couriered to MOJ – do not post them.

Section 1

Ensure the individual completes and signs this section.

Section 2

Third Party Address Details

This section **must** be completed by the Corrections staff member who is sending in the form.

Include what Group or Service you are from eg PPS Christchurch Prison, CPS Wanganui Service Centre etc.

If you are going to fax the form to MOJ, include your fax number in this section.

Print name and Sign the Third Party signature block underneath

Section 3

Ensure the individual completes as much of this information as possible

Proof of identification must be included with the application form. The individual must supply an **enlarged** photocopy of their drivers license or passport. If they are unable to provide these documents then they must complete Section 4 Proof of identity.

If proof of identity is not supplied with the application form then the form will not be processed.

Completing the Criminal Convictions Form

Note to **individuals** completing the form

What do I fill out on the form?

Complete checklist for individuals – your form will not be processed without the accompanying checklist.

Section 1:

Please complete this section.

Please note the 'third party' referred to, is the Department of Corrections, who you are releasing the information to.

Note that you can get a copy of the completed form from the Ministry of Justice yourself if you wish. Just tick the box.

Section 2:

You are not required to complete this section. The Department will complete this.

Section 3:

Please complete this section and make sure that you attach an enlarged photocopy of the relevant identification.

Section 4:

Please complete this section only if you do not have a drivers licence or passport.

Who do I send this form to?

Please return this form to the **person at Corrections** who gave it to you.

Please do not send this form directly to the Ministry of Justice.

Checklist for **Individuals** completing Criminal Conviction Check Form



I have signed and dated **section one** of the form.

I have NOT filled in **section two** but have left it for the relevant Corrections person to complete.

I have completed **section three** and ensured it is legible and my date of birth is clear.

I have attached an **enlarged, legible copy** of my driver licence or passport. Alternatively, I had section four filled in by someone who can verify my identity.

I am returning the criminal check form to the person at Corrections who gave it to me – **NOT** sending it directly to the Ministry of Justice.

Name

Signature

Date

dd

mm

yyyy

**RETURN THIS FORM TO THE
DEPARTMENT OF CORRECTIONS**



Privacy Unit
Ministry of Justice

To be processed as:

- Emergency
- Urgent
- Standard

For Office Use Only

MoJ Request Number

REQUEST BY THIRD PARTY UNDER THE OFFICIAL INFORMATION ACT 1982 FOR A COPY OF AN INDIVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE 'S COMPUTER SYSTEMS

SECTION 1: SUBJECT'S AUTHORITY TO RELEASE INFORMATION TO A THIRD PARTY

I hereby authorise the Privacy Unit, Ministry of Justice, to release a copy of my personal information, to the undersigned Third Party, for the purpose of:

- Pre-employment vetting
- Insurance Claims vetting
- Other (specify)

Tick the report required:

- All convictions report
- Traffic Convictions Report

Signature of subject and date

I wish to receive a copy of the information provided to the Third party.

Yes / No

SECTION 2: THIRD PARTY DETAILS

Third Party Name Details

Full Name of Third Party

Full name and address of the person or agency the third party is acting for (if applicable)

Third Party Reference Number (if applicable)

Third Party Address Details

P.O. Box or Street Address

Suburb

City

State / Province

Post Code

Country

Name of Third Party

Signature of Third Party

Designated Position

Approved return fax number

The term "subject" refers to the person whose criminal convictions is being requested.

The term "third party" refers to the requestor or ultimate intended recipient, such as an employer, insurance company, credit agency et cetera.

The Ministry of Justice will process this request as soon as is reasonably practicable, and in any case no later than 20 working days from receipt of this application.

This application and associated letters and reports will be disposed of three months after processing the response.

Personal Details

Surname

First Name

Middle Names (separate by comma)

Date of Birth (DD/MM/YYYY)

Place of Birth

Gender (Male / Female)

Previous Names - Maiden Name, Aliases

Surname

First Name

Middle Names (separate by comma)

Postal Address

P.O. Box or
Street Address

Suburb

City

State / Province

Post Code

Country

Current Residential Address

Street Address

Suburb

City

State / Province

Post Code

Country

Daytime Phone Number

Home Phone Number

Fax Number

Previous Two Residential Addresses

Street Address

Suburb

City

State / Province

Post Code

Country

Street Address

Suburb

City

State / Province

Post Code

Country

Subject's Identification

Please attach a photocopy of the subject's identification. The identification may be a Driver Licence OR if subject does not hold a driver licence, a Passport. If subject has neither, the subject will need to complete Section 4.

Driver Licence

Passport

SECTION 4: PROOF OF IDENTITY

ONLY TO BE COMPLETED IF SUBJECT DOES NOT HAVE A DRIVER LICENCE OR PASSPORT
Subject to ask someone who can confirm their identity to fill in this section

The person who identifies subject must:

- have known subject for more than 12 months
- be aged 18 years or over
- have a day time phone number
- not be a relative
- not live at the same address
- be contactable during normal business hours

Surname

First Name

Middle Names (separate by comma)

Street Address

Daytime Phone Number

Suburb

Home Phone Number

City

State / Province

Fax Number

Post Code

Country

I declare that I have personally known:

Surname

First Name

Middle Names (separate by comma)

Signature of identifier

for

years and vouch for his/her identity

X

If subject is unable to get someone to complete Section 4, they must complete a statutory declaration. The relevant form can be obtained from the local District Court or by contacting the Privacy Unit on 04 918 8800.