

## Health & Fitness Curriculum Area Convictions Against the Law

**Competence Assessment Programme (CAP)  
Citizens or residents of New Zealand**

**CONFIDENTIAL**

When students apply for the Certificate in Nursing (Competence Assessment Programme) (CAP) Level 7, they are required to make a declaration about whether they have ever been convicted of any offence against the law. This information is sought so that potential problems regarding registration as a nurse, may be discussed with applicants, before their application is processed.

If you are accepted onto the CAP Programme, and you have resided in New Zealand for more than six months, you must also provide a Criminal Conviction History. The Criminal Conviction History must be valid for the first three months of the course start date. Students are asked to go to the Ministry of Justice website [www.justice.govt.nz/criminal-records/get-your-own/](http://www.justice.govt.nz/criminal-records/get-your-own/) to request their own criminal conviction history. You need to request an electronic copy of your record and forward the results directly to the Health and Fitness Curriculum Area Administration by email to [health.admin@nmit.ac.nz](mailto:health.admin@nmit.ac.nz).

In addition to applying for a Criminal Conviction History, please complete the declaration below and return with your application to:

NMIT Health & Fitness Curriculum Area  
Nelson Marlborough Institute of Technology  
Private Bag 19  
Nelson 7042

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Have you ever been convicted of any offence against the law (apart from minor traffic convictions)?

**YES / NO**

If Yes, please give details (including dates of convictions)

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I hereby declare that the information I have given is true and accurate; no information which could have a material bearing on my registration as a nurse has been withheld; I understand that making a false declaration is an offence under the Crimes Act 1961, No. 43.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Full Name [printed]** \_\_\_\_\_

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### CAP Application Document

CONFIDENTIAL

### Consent to Release & Share Ministry of Justice Criminal Conviction Information and/or Police Vetting Information

I ....., hereby agree that a copy of my full criminal incidence record may be released and shared, with discretion, with the Director of Nursing and Midwifery or with the manager(s) of any placement facility I may be assigned for the purpose of clinical experience or education.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Full Name [printed] \_\_\_\_\_