

New Zealand Diploma in Career Development – Confidential

CONVICTIONS AGAINST THE LAW (to be completed by applicant)

Ministry of Justice Criminal Conviction checks are a requirement for enrolment on this programme. Prior convictions will not necessarily hinder the process of being accepted, however they may impact on your study. As these reports can take up to 6 weeks to process, we ask that you complete this form to enable us to continue with the enrolment process.

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)

- I hereby declare that the information I have given is true and accurate; no information which could influence my gaining acceptance onto the New Zealand Diploma in Career Development has been withheld; I understand that the making of a false declaration is an offence under the Crimes Act 1961.
- I hereby agree that information from my Ministry of Conviction check may be shared with my workplace manager and/or work placement provider’s manager.

CONFIDENTIALITY (to be completed by applicant)

It is essential that all students respect workplace and all clients' privacy and confidentiality.

- I hereby agree that I will maintain and respect the privacy and confidentiality of my workplace and/or my workplace provider.

HEALTH DECLARATION (to be completed by applicant)

As this programme contains work based training components, we ask that you identify any health issues you have that would make it difficult for you to meet the requirements of the programme and that may require support from the SUTI, NMIT or the work based training provider.

Please complete the following declaration. This form will be stored securely with SUTI and will remain confidential. If you require support in any way while on work based training the SUTI Programme Leader will discuss your needs with you and with your permission, will work with you and the work based training provider to ensure you have the support required.

I declare that either (tick one box)

- I have no health condition or disability which would prevent me from undertaking the requirements of work based training in a manner which is safe for me and others.
- I have the following health condition or disability which will either limit my ability to undertake the requirements of work based training or which will require adaptations to the work place or work procedures to enable me to undertake the requirements of the work based training in a manner which is safe for me and others.

Name (print name)	
Signed	
Date	