

# ADULT HELPER APPLICATION

Use **Tab** key to move forward or **Shift + Tab** to move backward between fields on form. Press **F1** for help.

Please **print clearly** and use **capitals** if completing this form by hand. Once an application form is completed, please follow the process below:

Applicant > Group Leader (keep a copy) > Zone Leader (keep a copy) > Regional Service Centre (enter details) > National SCOUT Centre (approval).

Surname		First name		
(Maiden or other names used)		Male <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>
		Female <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
Residential Address		Suburb		City / Town
Street				
Postcode		Nationality		Occupation
Home ( )		Work ( )		Cell phone ( )
NZ Drivers Licence number		Email		
Warrant number (if applicable).		NZQA National Student Number (NSN)		
<b>POLICE CONSENT</b>				
As part of the application process applicant details will be submitted to the New Zealand Police Licensing & Vetting Service.				
A completed and signed <b>Consent Request and Consent Vetting</b> form must accompany this application. Is it attached? YES <input type="checkbox"/>				
<b>DECLARATION</b>				
I hereby apply for the position of Adult Helper and declare that the information given on this application form is correct. I am willing to abide by the Rules of the Scout Association of New Zealand.				
I have read SCOUTS New Zealand <b>Duty of Care</b> and <b>Code of Conduct for Adults</b> statements printed on the next page and accept the requirements of this appointment and obligations of me.				
I agree, that when called upon to do so by the Organising Committee, Zone Leader, Regional Development Manager or the Chief Executive, I will relinquish my position and hand in my certificate, together with all monies, badges, property and records belonging to any part of the Scout Association of New Zealand.				
<b>Cross out/Delete whichever of the following is not applicable:</b>				
I have not had any criminal charges laid against me in court, nor do I have any criminal charges pending.				
<b>OR</b>				
I do have a criminal conviction(s) or criminal charge(s) pending against me. (Details must be provided in confidence on a separate sheet attached to this application).				
These questions should not be read as requiring you to disclose convictions in breach of the Criminal Records (Clean Slate) Act 2004.				
Signed .....		<b>OR</b> Electronic Signature <input type="checkbox"/>		Date .....
Application for the position of <b>Adult Helper</b> assisting with (state general task) .....				
Term of appointment to expire on .....		Other Appointment (please state here and detail on reverse):		
The term, which must be agreed with the applicant, may not exceed 12 months. If no date is entered, the appointment will be issued for 12 months unless a lesser time is agreed.				
Event:	Scout Group:	Scout Zone:	Scout Region:	
<b>Checked and approved on behalf of the Event Organising Committee</b> (name, signature & date):		<b>Checked and approved by Group / Zone / Regional Leader</b> (name, signature & date):		
Print name .....		Print name .....		
Signed .....		Signed .....		
<b>OR</b> Electronic Signature <input type="checkbox"/>		<b>OR</b> Electronic Signature <input type="checkbox"/>		

## PRIVACY ACT

In compliance with the Privacy Act 1993 the following is brought to your attention: -

- This Adult Helper Application form collects personal information about you;
- The information is collected for the purpose of determining whether you may participate as an Adult Helper.
- The information is being collected for SCOUTS New Zealand and will form part of a directory of Scout personnel and membership records and is available to your Group, Zone and Region. It may be used to inform you about products and services offered or recommended by SCOUTS New Zealand and opportunities to support SCOUTS New Zealand's work.
- The information will be held and stored electronically by SCOUTS New Zealand.
- You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

September 2017 Adult Helper Application form.doc

**ADVENTURE PLUS!**

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**SCOUTS**  
New Zealand

# ADULT HELPER APPLICATION

The Scout Movement is the world's largest organisation dedicated to the education and training of young people. The general principles under which it operates are set out in its rulebook and section handbooks.

## DUTY OF CARE

### 1. Position Statement

The primary responsibility of adults in the Scout Movement is the welfare and progress of youth members. The adult approval process is to ensure as far as possible that unsuitable adults are not involved. We have a duty of care to keep youth members safe and protect them from physical and emotional harm.

### 2. Touching

There can be good touching and bad touching just as there is good and bad language. A handshake is always acceptable, a hug often is and a cuddle is usually unacceptable. Touching which gives offence or causes unease is not acceptable. A mature well-balanced adult will have no difficulty in determining what is acceptable.

### 3. Relationships

Adults enjoy Scouting and they do benefit from the training and experience it brings, but they stand on the other side of a dividing line where on one side youth members are entitled to benefits and protection and on the other adults are part of the delivery process. The correct relationship between an Adult Helper and a youth member is that of instructor, guide, dispassionate friend and protector, very much like a teacher / pupil relationship. It is a position of integrity, trust and maturity.

### 4. Language

The Scouting ethic requires that we do not use bad language in our Movement with youth members.

### 5. Cultural

Scouting is a world wide, multicultural movement. We welcome people to membership irrespective of sex, race, culture, creed or wealth. Youth members are strongly influenced by the behaviour of Adults. We need to be sensitive to the traditions and beliefs of various cultures and avoid words or actions that "put down" any culture or peoples.

### 6. Guidelines

Do not engage, or let others engage, in any of the following:

- \* Abusive initiation ceremonies.
- \* Invading the privacy of children when they are showering or toileting.
- \* Photographing undressed children.
- \* Rough, physical, hurtful or sexually provocative games.
- \* Making sexually suggestive comments about, or to a young person.
- \* Inappropriate and intrusive touching, hugging, cuddling and kissing, scapegoating, ridiculing, rejecting, isolating or taking the "mickey" out of a child.
- \* Bullying, physical, verbal or cultural abuse, sexual harassment or neglect.

### 7. Code of Conduct For Adults

The purpose of Scouting is to encourage the physical, mental, emotional, social and spiritual development of young people. This is achieved by the example and guidance of dedicated men and women who help the youth members in the fulfilment of the Scout Promise and Law, so they become constructive and responsible citizens.

This Code of Conduct is expected of all adults, Uniformed Leaders, Committee people, parents and helpers, who work within SCOUTS New Zealand, recognising that at all times they should act responsibly and exercise a "duty of care" to the youth members.

## ADULTS IN SCOUTING

- respect the dignity of themselves and others.
- demonstrate a high degree of individual responsibility, recognising that at all times their words and actions are an example to other members of the Movement.
- act at all times in accordance with Scouting principles, hereby setting a suitable example for all.
- do not use the Movement to promote their own beliefs, behaviours or practices where these are not compatible with Scouting principles.
- act with consideration and good judgement in all interpersonal relationships, both inside and outside Scouting.
- respect everyone's right to personal privacy at all times. They take special care where sleeping, changing of clothing, bathing and ablutions are associated with any Scouting activity.
- avoid unaccompanied and unobserved activities with youth members wherever possible. Remember, "in sight - out of hearing".
- for their own protection should avoid potentially compromising situations by ensuring, where reasonably possible, that at least two adults are in attendance whilst supervising and/or accompanying youth members. It is recognised that, in certain circumstances, it may be necessary for an adult, whilst acting responsibly and exercising their "duty of care", to be alone with a youth member.
- realise that bullying, physical, verbal or cultural abuse, sexual harassment, neglect or any other type of abuse, is unacceptable conduct by any member of the Movement

## 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:

The Scout Association of New Zealand

### Name of Applicant to be vetted:

### Description of Applicant's role:

Volunteer Leader

### Applicant's purpose

- |  |  |   |                                      |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Employee            | <input type="checkbox"/> Contractor/Consultant | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Education |
| <input type="checkbox"/> Other                 |   |                                     |   |

### Is this request mandatory under the Vulnerable Children Act 2014 (VCA)?

- |   |  |
|---|--|
| <input type="checkbox"/> Yes (VCA Core Worker)  | <input type="checkbox"/> Yes (VCA Non-Core Worker) |
| <input checked="" type="checkbox"/> No (mandatory under other legislation/optional/standard Police Vet) |  |

### If this is a mandatory Vulnerable Children 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"/> VCA Renewal           |   |

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

- A primary ID has been sighted (Mandatory – see the [guide](#) for further details)
- A secondary ID has been sighted (Mandatory – see the [guide](#) for further details)
- One form of ID is photographic (Mandatory – see the [guide](#) for further details)
- 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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 relevant to the purpose of this vetting request. This includes:
  - Conviction histories and infringement/demerit reports
  - Active 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 Vulnerable Children 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 new 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 ascertained that the purpose of the Police vet (e.g. employment role) still exists. 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