



NEW ZEALAND SOCIETY OF DIVERSIONAL THERAPISTS INC
Te Kāhui Kaiamanu Kanorau o Aotearoa

To Improve the Quality of Life of the People in Our Care Through Diversional Therapy

Send first to Registrar



Registrar
P.O. Box 6264
Upper Riccarton
Christchurch 8442

CONSENT TO DISCLOSURE OF INFORMATION

Licensing & Vetting Service Centre
Office of the Commissioner
P O Box 3017
WELLINGTON

I _____
(Surname) (Fore Names)

(Maiden name or known by any other name)

Sex (M / F) Date of birth _____ Place of birth _____

Nationality: _____ **NZ Drivers Licence Number:** _____

Residential Address: _____

Suburb _____ City: _____

Hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to the application, to the New Zealand Society of Diversional Therapists Inc. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004

Signed: _____ Date: _____

COMMENTS OF THE NEW ZEALAND POLICE

