

Applicant name:
Date filled in:

APPLICATION TO BE

PERMANENT OR SHORT TERM CAREGIVER TO RAISE TAMARIKI IN YOUR WHANAU

This form is designed to provide details on each individual applicant. A partner or spouse normally residing in the home must be included in this application.

Applicant 1

Surname or family name:

First names:

Preferred name:

Applicant's maiden or former name:

Are you known or have you ever been known by any other names than above: If so what are these names:

Address of home residence/property:

Previous addresses if moved in last 3 years:

Contact telephone number: ()

Date of birth:

Gender:

Occupation:

Employer:

Ethnic Group:

Iwi Affiliation:

Religion

Are you in good health?

Yes No

The Hauraki Maori Trust Board deals with children and young people in vulnerable situations and has a duty to ensure potential caregivers have the appropriate skills and qualities to fulfill the role. The questions below are to assist the Hauraki Maori Trust Board to ensure the safety of children or young people who may be placed in your care.

If either you or your children have had any involvement with CYFS, give details, including dates and places. Please include any investigation or appearance in Family Court for care and protection or custody or guardianship matters or disputes either in New Zealand or overseas.

Applicant name:
Date filled in:

In addition to other information provided, are there any other factors that the Hauraki Maori Trust Board should know to assess your suitability as a caregiver?

If Yes please state:

Do you have a current drivers license?: Yes No

If yes please give details: Number Expiry:

If no please provide alternative method of identification:

Type	Number	Expiry
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Do you own firearms? Yes No

If yes please give license and expiry date:

Have you ever had a criminal conviction Yes No

If "Yes", please detail:

Have you ever received police diversion for an offence/or been involved in any violence incidents where the police have been involved? Yes No

If "Yes", please detail:

Have you been convicted of a driving offence which resulted in temporary or permanent loss of license, or imprisonment? Yes No

Are you awaiting sentencing or do you currently have charges pending? Yes No

If "Yes", please state the nature of the conviction/cases pending:

Applicant name:
Date filled in:

Applicant 2

Surname or family name:

First names:

Preferred name:

Applicant's maiden or former name:

Are you known or have you ever been known by any other names than above: If so what are these names:

Address of home residence/property:

Previous addresses if moved in last 3 years:

Contact telephone number: ()

Date of birth:

Gender:

Occupation:

Employer:

Ethnic Group:

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Religion

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