

Health & Fitness Curriculum Area
Convictions Against the Law
Bachelor of Nursing Programme
Application Document

CONFIDENTIAL

Students undertaking the Bachelor of Nursing (BN) Programme are required to make a declaration about whether they have ever been convicted of any offence against the law. It is programme policy to alert the applicant to this requirement. 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 BN Programme, and have resided in New Zealand for six months or more, you must complete a New Zealand Police Vetting Form.

NB: If you have not resided in New Zealand for the past six months, you will need to provide a Police Vetting Form from your country of origin or residence.

In addition to completing a New Zealand Police Vetting Form, please complete the declaration over page and return.

**Health & Fitness Curriculum Area
Convictions Against the Law**

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 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. I am also aware that if I am convicted for a criminal offence while studying on the Bachelor of Nursing Programme, it is my professional accountability to inform the Manager of the Health and Fitness Curriculum Area or BN Programme Coordinator.

Signed: _____ **Date:** _____

Full Name [printed] _____

Consent to Release & Share Police Vetting Information

I _____, hereby agree that a copy of my full criminal incidence record may be released and shared, with discretion, with the relevant placement facility authorities I may be assigned, for the purpose of clinical experience or education.

Signed: _____ **Date:** _____

Full Name [printed] _____

PLEASE RETURN THIS FORM IN PERSON TO:

Enrolments Team, NMIT, 322 Hardy Street, Nelson

OR BY POST TO:

Enrolments Team, NMIT, Private Bag 19, Nelson 7042

OR BY EMAIL TO:

enrolments@nmit.ac.nz