

Children's Act Safety Check Employer Verification Form

- i** This form is to be completed by the current or former employer of a health worker, to verify that they have completed a safety check for that worker within the past three years, in accordance with the Children's Legislation.
- i** Please **email** the completed form to certification@health.govt.nz or **post** the complete form to HealthCert, Ministry of Health PO Box 5013, Wellington 6145

Details of health worker

Family name

Given name(s)

HPI or registration number (If applicable)

Employer details

Organisation or company name of employer who completed the safety check

Full name and position of person completing this form

Phone number

Mobile number

Email

Employer confirmation of checks required under the CA 2014

I **confirm** that the above-named health worker has **passed** a safety check that meets the safety checking requirements of the Children's Legislation.

The safety check noted above was issued on

The safety check noted above expires on

I confirm that the type of safety check that was done met the requirements for a new children's worker.

I confirm that the above-named employee has adopted the child protection policy developed by our organisation which meets the requirements under the Children's Act 2014.

Declaration

I declare that the information provided in this form is true and correct and that I have the designated authority to make this application on behalf of the applicant.

Signature

Date