

Application Form AP18

Recognised Laboratory – Animal Products

- Individuals may apply to the Director-General of the Ministry for Primary Industries for recognition under section 101 of the Animal Products Act 1999 as a recognised laboratory to carry out tests associated with live animals, animal material or animal product or the processing of animal material or animal products or other specialist functions and activities for the purposes of that Act.
- Complete all sections and send the completed form together with the fee, Request and Consent form and any other documentation required (see below) to the Ministry for Primary Industries at the above address. We prefer email files.
- If there are any changes to the details provided in this application after the application has been submitted, you must promptly inform the Ministry for Primary Industries of the changes in writing.
- Refer to the Privacy Act 1993 and Official Information Act 1982 notices at the end of this form regarding collection of information by the Ministry for Primary Industries.

<p>1. Application Type</p> <p>1. New Recognition <input type="checkbox"/></p> <p>2. Limited Recognition <input type="checkbox"/></p> <p>3. Renewal of Recognition <input type="checkbox"/> Provide MPI ID Number:</p> <p>4. Amendment to Recognition <input type="checkbox"/> Provide MPI ID Number:</p> <p>Brief description of amendment:</p>
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<p>2. Laboratory Discipline Type(s)</p> <p>Tick all that apply.</p> <p>Dairy <input type="checkbox"/></p> <p>Live animals and germplasm <input type="checkbox"/></p> <p>Meat, poultry, honey, seafood <input type="checkbox"/></p>

<p>3. Full Legal Name If no change, tick here <input type="checkbox"/></p> <p>Registered company name or partnership names (including the trading name) or individual name. Attach a copy of the company name registration from the New Zealand Companies office (www.companies.govt.nz)</p>

4. Business Address and Contact Details		If no change, tick here <input type="checkbox"/>	
Street/Physical (location of actual premises)		Postal, including post code (for communication)	
Tel		Mobile	
Fax		Email	By entering an email address you consent to being sent information and notifications electronically, if required.

5. Names of Directors of the Applicant or those Responsible for its Management or Control If no change, tick here <input type="checkbox"/>
List all persons. Refer to Appendix 1 for the Consent for Disclosure of Information, which must be completed by all persons listed.

6. Quality Manager If no change, tick here <input type="checkbox"/>
Name of person responsible for the laboratory's compliance with MPI requirements, and the point of contact with MPI

7. Key Technical Person If no change, tick here <input type="checkbox"/>	
Name of Key Technical Person(s) who oversee laboratory operations in the person(s) area of expertise. Add additional rows if necessary.	
Name	Area of Expertise (tick all that apply)
	<input type="checkbox"/> Chemistry <input type="checkbox"/> Molecular Biology <input type="checkbox"/> Microbiology <input type="checkbox"/> Parasitology <input type="checkbox"/> Serology
	<input type="checkbox"/> Chemistry <input type="checkbox"/> Molecular Biology <input type="checkbox"/> Microbiology <input type="checkbox"/> Parasitology <input type="checkbox"/> Serology
	<input type="checkbox"/> Chemistry <input type="checkbox"/> Molecular Biology <input type="checkbox"/> Microbiology <input type="checkbox"/> Parasitology <input type="checkbox"/> Serology
	<input type="checkbox"/> Chemistry <input type="checkbox"/> Molecular Biology <input type="checkbox"/> Microbiology <input type="checkbox"/> Parasitology <input type="checkbox"/> Serology

8. Minimum Documentation Requirements
<p>For New or Renewal of Recognition applications:</p> <input type="checkbox"/> A copy of the most recent accreditation report is attached, which includes the list of tests recognition is to apply to.
<p>For Limited Recognition applications:</p> <input type="checkbox"/> A copy of the most recent accreditation report is attached, which includes at least one other test of similar discipline; and <input type="checkbox"/> The date that it is intended full recognition will be applied for: / / (dd/mm/yy)
<p>For Amendment to Recognition applications:</p> <input type="checkbox"/> Associated documents as applicable (which may include a copy of the most recent accreditation report) is attached.

9. Applicant Statement			
I confirm that:			
<ol style="list-style-type: none"> 1. I am authorised to make this application on behalf of the Applicant; and 2. The information supplied in this application is accurate; and 3. The Directors of the applicant or those responsible for its management or control are of good character and reputation; and 4. There is no other information I am aware of that affects the ability of the applicant to maintain an appropriate degree of impartiality and independence in managing the functions and activities for which the Applicant has applied to be recognised. 			
Name		Job Title	
Signature		Date	

Collection of Information

Collection of Personal Information

Pursuant to Principle 3 of the Privacy Act 1993, we advise that:

- This information is being collected for the purpose of recognising an agency under the Animal Products Act 1999; and
- The recipient of this information, which is the agency that will collect and hold the information, is the Ministry for Primary Industries, PO Box 2526, Wellington 6140; and
- Some of the information collected will be displayed on a public register; and
- The collection of information is authorised under section 107 of the Animal Products Act 1999. The provision of this information is necessary in order to process an application for recognition; and
- The supply of this information is voluntary; and
- Failure to provide the requested information is likely to result in a return of this application form to the applicant, and may ultimately result in a refusal to recognise in accordance with section 109 of the Animal Products Act 1999; and
- Under Principles 6 and 7 of the Privacy Act 1993, you have the right of access to, and correction of, any personal information that you have provided.

Collection of Official Information

All information provided to the Ministry for Primary Industries is official information and may be subject to a request made under the Official Information Act 1982.

If a request is made under that Act for information you have provided in this application, the Ministry for Primary Industries will consider any such request, taking into account its obligations under the Official Information Act 1982 and any other applicable legislation.



Vetting Service Request and Consent Form

Name of Applicant to be vetted:

Name of Approved Agency submitting vetting request:

Section 1: Approved Agency to complete

APPLICANT'S ROLE – PURPOSE OF VET

- Employee
 Contractor/consultant
 Volunteer
 Licence/Registration
 Other: (please specify here)
 Is this a renewal check? Yes No

Description of role / licence / registration (e.g. caregiver; cleaner; taxi driver; teacher; etc):

Role location (e.g. home; office; school; etc):

Contact with vulnerable groups:

<input type="checkbox"/> Contact with children/youth <input type="checkbox"/> Contact with vulnerable adults (aged, disabled)	<p><u>Type of contact:</u> <input type="checkbox"/> Supervised <input type="checkbox"/> Unsupervised</p> <p><u>Level of contact:</u> <input type="checkbox"/> High <input type="checkbox"/> Occasional</p>
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Application of clean slate:

To enable NZ Police to assess whether an exception applies to the general effect of the clean slate scheme on an eligible individual under the Criminal Records (Clean Slate) Act 2004, I declare my belief as follows:

The role does not fit the criteria in section 19(3) of the Criminal Records (Clean Slate) Act

- e.g. teacher, doctor/nurse, rest home carer, school janitor

[Section 16] – Criminal convictions will not be released IF the applicant is eligible for clean slate. Clean Slate

OR

The role fits the criteria of one or more of the exceptions in section 19(3) of the Criminal Records (Clean Slate) Act

- e.g. it is a role predominantly involving the care and protection of, but not predominantly involving the delivery of education to, a child or young person (e.g. caregiver, nanny/crèche worker, foster/homestay parent, applicant for adoption) [section 19(3)(e)].

[Section 19(2)] – All criminal convictions will be released EVEN IF the applicant is eligible for clean slate. Exception

For information on the clean slate regime, see <http://www.justice.govt.nz/services/criminal-records/about-the-criminal-records-clean-slate-act-2004>.

EVIDENCE OF IDENTITY (ID)

- for further information, see <http://www.dia.govt.nz/Resource-material-Evidence-of-Identity-Standard-Index>

I confirm that the identity of the applicant has been checked by [A] or [B] as follows:

[A] I have

OR

[B] A Trusted Referee* has

sighted the ID documents below, and verified the photo against the applicant in person (mark box)

- Primary ID document (e.g. passport, original birth certificate, etc)
and
- Another form of ID (e.g. driver licence, firearms licence, 18+ card, Community Services Card, etc)
and
- One of the above must be photographic – confirm comparison made
and, if applicable
- Evidence of name change where names differ (e.g. marriage/civil union certificate, statutory declaration, etc)

*[*a trusted referee must be over 16, have known the applicant for at least 12 months, and not be related, or a partner/spouse, or a co-resident of applicant, and be either registered with the Approved Agency or a person of standing in the community (e.g. registered professional, religious or community leader). The trusted referee must sign a copy of the photo ID and provide his or her name and contact details.]*

Optional additional check by me (if appropriate)

- A search of our records to verify uniqueness (especially for professional bodies)

CHECKLIST

In making this request, I confirm that:

- I have complied and will comply with the Approved Agency Agreement (or existing Memorandum of Understanding) between NZ Police and the Approved Agency I represent;
- I am satisfied as to the correctness of the Applicant's identity; and
- I have obtained the signed consent of the Applicant, as set out in section 2 of this form, to submit this vetting request.

Approved Agency Authorised Representative:

Name:

Signature:

Date:

Name of Approved Agency submitting vetting request:

Section 2:

Applicant to complete and return to Approved Agency

(the Approved Agency will submit the vetting request to NZ Police and receive the vetting result)

PERSONAL INFORMATION

Details (note: the name you are most commonly known by is your primary name)

Family name: (Primary)	<input type="text"/>	First name(s): (Primary)	<input type="text"/>	<input type="text"/>
Gender:	(M) <input type="checkbox"/> (F) <input type="checkbox"/> (Other) <input type="checkbox"/>	Date of birth: (dd/mm/yyyy)	<input type="text"/>	
Place of birth: (town/city/state)	<input type="text"/>	Place of birth: (country)	<input type="text"/>	
NZ Driver Licence number: (for ID verification by NZ Police – optional)	<input type="text"/>			
Passport number: (if held)	<input type="text"/>	Country of issue:	<input type="text"/>	

Only for 'Additional Authorisation' - see page 4

If applicable, please include other names and mark them A, M, or P as appropriate:

- (A)** alias or alternate name(s)
- (M)** married name if not primary name
- (P)** previous/maiden/name changed by deed poll or statutory declaration

Family name: (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	First name(s): (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Family name: (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	First name(s): (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Family name: (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	First name(s): (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Family name: (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	First name(s): (A) <input type="checkbox"/> (M) <input type="checkbox"/> (P) <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Permanent New Zealand Residential Address

Number/Street:	<input type="text"/>		
Suburb:	<input type="text"/>	Post Code:	<input type="text"/>
City/Town/ Rural District:	<input type="text"/>	Period of Residence:	<input type="text"/>

CONSENT TO DISCLOSURE (for a New Zealand Police Vet Check)

- for further information, see <http://www.police.govt.nz/advice/businesses-and-organisations/vetting>

I acknowledge and understand as follows:

1. The information about me that NZ Police may consider relevant to my application and release in vetting comprises any conviction history and, for certain agencies, infringement/demerit reports; and it may include other information such as active charges and warrants to arrest, any information received or obtained by NZ Police, and any interaction I have had with NZ Police in any context (including family violence), even where I have not been charged, or charges are withdrawn, or I have been acquitted (not guilty) of a charge, or I have been discharged without conviction.
2. Any conviction history will be released in accordance with the Criminal Records (Clean Slate) Act 2004; this means that, if I am 'eligible' for clean slate (e.g. no convictions for 7 years, never been to prison, no convictions for specified sexual offending, etc – see section 7 of the Act):
 - a) my criminal record of convictions will not be disclosed; but
 - b) if the role for which I have applied is an exception to the clean slate scheme (e.g. predominantly involving care and protection of a child or young person), my criminal record of convictions will be disclosed.
3. When releasing information to non-government Approved Agencies, Police may release the fact, without details, that suppressed information exists in relation to any conviction and, where NZ Police considers it relevant and justified, in relation to any current or past charge however it was resolved (e.g. withdrawn, discharged, acquitted).
4. Where NZ Police holds relevant information that it is unwilling to disclose to the Approved Agency for privacy, confidentiality or law enforcement reasons, NZ Police may recommend against unsupervised access to children or vulnerable persons (this is known as a 'red stamp').
5. The personal information I provide in this form is being collected for vetting purposes, and may also be used for the purpose of updating NZ Police records.
6. I may withdraw this consent, prior to Police's disclosure of the vetting result, by notifying the Approved Agency who will immediately notify NZ Police to cease the vetting process.
7. I am entitled to access the vetting result released to the Approved Agency and seek correction of Police information about me in accordance with the Privacy Act 1993. By making a request to the 'Approved Agency' within 20 working days of submitting this 'Request and Consent' form.
8. No later than three months after the conclusion of the vetting process, the Approved Agency will securely dispose of this consent form and copies of identification documents, as well as the vetting result released by NZ Police, in accordance with the Privacy Act 1993 or, if applicable, the Public Records Act 2005 or any other enactment.
9. The information I have provided in this form relates to me and is correct.

Authorisation

I authorise NZ 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.

Additional Authorisation **[cross out or strike through this additional authorisation below if not applicable]**

Where the Approved Agency requesting a vet is a NZ Police business group (e.g. vetting for contractors to NZ Police; workers at major security events)

I also authorise:

- NZ Police to disclose the information on this form to, and access information from, other government agencies;
- and*
- NZ Police to disclose to my employer or other relevant agency its assessment regarding my suitability (only to the extent that I am approved or not approved as suitable, without reasons).

Signature of applicant

Date: