The Children’s Act 2014:  
Student Practicum Placement

Student’s Name:

Student ID:

Student’s signature: Date:

*By providing your signature, you confirm your consent for your TEO to provide the information below to:***CENTRE NAME.**

☐ Student’s identity check completed by this Centre (copies of documents taken)

Identity check completed by: Date:

**To: The Programme Delivery Manager, Early Childhood Programmes**

**Name of TEO: NAME**

Tena koe,

This letter asks you to confirm the suitability of the above named student to work with young children. This information will help our Centre ensure compliance with the Children’s Act 2014 in relation to student teachers on practicum.

The Ministry of Education explains that the details of a police vet may not be shared between organisations, however by signing this letter the TEO confirms that it keeps records that student police vets have been completed. In addition, the TEO confirms that it takes responsibility to ensure that safety checking to the required standard under the Children’s Act 2014 is maintained for all student teachers for the duration of their teacher education programme.

You are providing us with this information to give us confidence that the appropriate safety checks that meet the requirements of the Act have been conducted and that we can accept the above student on the practicum placement.

Naku noa, na,  
Manager, Centre Name

**To: The Manager, Centre Name**

We confirm that the above-named student has been subject to a full safety check as part of our application and enrolment procedures and to the standard required under Section 31 & 32 of the Children’s Act 2014, including the following elements:

**(please tick)**

☐ the student has been positively identified using both primary and secondary documents including a photo identity;

☐ the student has undergone a face-to-face interview with notes taken;

☐ at least one satisfactory confidential referee report about the student was obtained;

☐ a New Zealand Police vet report on the student was obtained.

☐ a risk assessment on the student was undertaken

☐ There are no known allegations or concerns about the student’s safety to interact with children.

TEO Official Stamp

Name of TEO:

Name of authorized person:

Signature:

Position:

Date: