

Periodic Safety Check Cover Sheet

Full name:	
Role:	Service name:
Start date:	Service #:
Current practice certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiry date of practising certificate:
<p>1. Verification of Identity Check the person's identity by using an electronic identity credential such as RealMe, or sight and copy of original primary and secondary identity documents. If the names on the IDs do not match, then you must include a supporting name change document. One form of identification must be primary, and one must be secondary. These must be current and not expired.</p>	
Primary ID	Secondary ID
<input type="checkbox"/> NZ passport <input type="checkbox"/> Overseas passport (may include INZ visa or permit. Visa itself is not valid ID) <input type="checkbox"/> NZ emergency travel document <input type="checkbox"/> NZ refugee travel document <input type="checkbox"/> NZ certificate of identity (issued under the Passports Act 1992 to non-NZ citizens who cannot obtain a passport from their country of origin) <input type="checkbox"/> NZ certificate of identity (issued under the Immigration Act 1987 to people who have refugee status) <input type="checkbox"/> NZ firearms licence <input type="checkbox"/> NZ full birth certificate (issued on or after 1 January 1998) <input type="checkbox"/> NZ citizenship certificate	<input type="checkbox"/> NZ driver licence <input type="checkbox"/> Kiwi Access Card (previously known as 18+ card) <input type="checkbox"/> Community services card <input type="checkbox"/> SuperGold Card <input type="checkbox"/> Veteran SuperGold Card <input type="checkbox"/> NZ student ID card <input type="checkbox"/> NZ employee photo ID card <input type="checkbox"/> NZ electoral roll record <input type="checkbox"/> Inland Revenue number <input type="checkbox"/> NZ issued utility bill (not issued more than 6 months earlier eg. phone, power, internet bill etc) <input type="checkbox"/> Steps to Freedom form
Supporting name change documents	
<input type="checkbox"/> NZ full birth certificate (issued for purpose) <input type="checkbox"/> NZ marriage certificate (particulars of marriage is not valid) <input type="checkbox"/> Change of name by statutory declaration <input type="checkbox"/> Change of name by deed poll	<input type="checkbox"/> NZ name change certificate <input type="checkbox"/> NZ civil union certificate <input type="checkbox"/> NZ order dissolving marriage or civil union <input type="checkbox"/> NZ order declaring marriage or civil union void
<input type="checkbox"/> Copy of RealMe verification attached OR <input type="checkbox"/> Copy of identification documentation attached	Date completed:
<input type="checkbox"/> Completed a search of personnel records to check if the person's identity is being, or has been, used by another person	Date completed:
<p>1A. Verification of Identity by an Identity Referee. If neither of the primary or secondary identity documents has a photo of the person you must ask them to provide:</p> <input type="checkbox"/> The name and contact details of an identity referee <input type="checkbox"/> A photo of themselves authenticated by the identity referee OR <input type="checkbox"/> A statement signed and dated by the identity referee that confirms that the primary identify document relates to that person.	

The identify referee must have known the person for at least 12 months, and be at least 16 years of age, and not be related to the person and not be part of the person's extended family, and not be a spouse or partner of the person, and not live at the same address as the person.

Name of Identity Referee:

Attached copy of the Verification Statement or authenticated photo

Date completed:

2. Professional Membership

Seek information from any relevant professional organisation or registration authority to confirm if the candidate is a current member, registered or certificated by the authority.

For certified teachers:

Check the online [Teaching Council register](#) for the person's certification category and expiry date. If the teacher has any censures or conditions, this will be noted on the register.

Name of any professional organisations, licensing authorities, or registration authorities:

Copies issued from the relevant professional organisation, licensing or registration authority attached

A screenshot from an online register check attached

Date completed:

3. Police Vet

You will need to Police vet all employees; however, if the person is a teacher who holds a current practising certificate their Police vet will already have been done and this can be relied on.

Police vet result shows:

No convictions

Convictions:

Convictions of a [special offence](#) – (person must not be employed in a core children's worker role unless they have an exemption).

Copy of Police vet attached

OR

Holds a current practising certificate so a new police vet was not requested

6A. Adults in home (for home-based services only)

The service provider of a licensed home-based service must obtain a police vet of every adult (person 17 years or older) who lives in a home:

- where the service is being provided, and
- where at least 1 child to whom the service is being provided does not live in the home

Copy of Police vet(s) for adult(s) in home attached

4. Risk Assessment

Evaluate all the information you have gathered to assess the risk the candidate would pose to the safety of children if employed or engaged.

You **must detail** how all information gathered for the other components of the safety check (identity check, membership, and Police vet) **has been considered for the risk assessment.**

REFLECT	Is the person safe to work with children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Would the person support and adhere to your child protection policy, and actively contribute to a culture of child protection in your organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are there any patterns of concerning attitudes or behaviours? These can be subtle and wider than the presence or absence of criminal convictions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you need to follow-up or gather any additional information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you need to talk to your manager about the person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Assess the person to determine whether the person poses, or would pose, any risk to the safety of children.			
ASSESS	I have assessed the person as posing	<input type="checkbox"/> no risk <input type="checkbox"/> risk <input type="checkbox"/> high risk	to children
	If the person does, or would, pose a risk, assess the extent of that risk.		
	Notes on the assessment of information and decision. <i>In addition, if the person has any convictions or comments on their Police vet, ensure you include these in your assessment notes.</i>		
Date of risk assessment:			
Manager:			
Signature:		Date:	
Due date of next periodic safety check: <i>(Must not exceed three years)</i>			

Keep this form together with all documentation gathered in the employee's personnel file for as long as they work for your organisation.