

# APPLICATION FOR ASSESSMENT



Thank you for your interest in becoming a caregiver or adoptive parent with Oranga Tamariki—Ministry for Children. This information will help in assessing caregiving and adoption applicants.

## I/we are interested in providing (indication of initial interest):

Caregiving     Adoption     Not sure yet

## Your current home address

Unit and/or house number: \_\_\_\_\_ Street name: \_\_\_\_\_  
Suburb: \_\_\_\_\_ City or town: \_\_\_\_\_  
Post code: \_\_\_\_\_

## Section A: Applicant One

### Personal details

Surname or family name: \_\_\_\_\_  
First and middle names: \_\_\_\_\_  
Preferred name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### Contact details

Please tick the best way to contact you.

Mobile phone: \_\_\_\_\_  Other phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Residency

What is your residency status?

NZ Citizen     Permanent resident     Other (please specify) \_\_\_\_\_

Note: You must be a NZ Citizen or Permanent Resident to apply for permanent care or adoption.

### Ethnicity and affiliation

Please tick the group(s) you most identify with. This will help us support the cultural identity of tamariki/children.

Māori    Which iwi and/or hapū? \_\_\_\_\_  
 Cook Island Māori     Samoan     Niuean     Tongan     Fijian     Tuvaluan     Tokelauan

Which island and/or village? \_\_\_\_\_

New Zealand European     Indian     Chinese     Do not wish to answer

Other    Please specify: \_\_\_\_\_



**If you have been known by any other name, please provide details.**

Previous name 1: \_\_\_\_\_ Date of change: \_\_\_\_\_  
Previous name 2: \_\_\_\_\_ Date of change: \_\_\_\_\_

**If you have a criminal conviction or you are awaiting sentencing or have charges pending, please give brief details. We will discuss this in further depth in the assessment.**

Note: In the Criminal Records (Clean Slate) Act 2004, the exception applies for roles that predominantly involve the care and protection of tamariki/children.

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**If you've been involved in any incidents to which Police have been called please give brief details. We will discuss this in further depth in the assessment.**

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**If you've lived in another country for any period of time from 18 years of age, please give the country and approximate dates. You may need to provide an official police report from that country.**

Country 1: \_\_\_\_\_ Dates: \_\_\_\_\_  
Country 2: \_\_\_\_\_ Dates: \_\_\_\_\_  
Country 3: \_\_\_\_\_ Dates: \_\_\_\_\_

**If you've applied previously to become a caregiver or to adopt with Oranga Tamariki or any other partner organisation, please tell us the name of the organisation you applied to and the approximate date.**

Organisation 1: \_\_\_\_\_ Date: \_\_\_\_\_  
Organisation 2: \_\_\_\_\_ Date: \_\_\_\_\_

**Please list your addresses for the previous 5 years and approximate dates.**

Address 1: \_\_\_\_\_ Dates: \_\_\_\_\_  
Address 2: \_\_\_\_\_ Dates: \_\_\_\_\_  
Address 3: \_\_\_\_\_ Dates: \_\_\_\_\_  
Address 4: \_\_\_\_\_ Dates: \_\_\_\_\_  
Address 5: \_\_\_\_\_ Dates: \_\_\_\_\_



## Section B: Applicant Two

### Personal details

Surname or family name: \_\_\_\_\_

First and middle names: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### Contact details

Please tick the best way to contact you.

Mobile phone: \_\_\_\_\_  Other phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Residency

What is your residency status?

NZ Citizen  Permanent resident  Other (please specify) \_\_\_\_\_

Note: You must be a NZ Citizen or Permanent Resident to apply for permanent care or adoption.

### Ethnicity and affiliation

Please tick the group(s) you most identify with. This will help us support the cultural identity of tamariki/children.

Māori Which iwi and/or hapū? \_\_\_\_\_

Cook Island Māori  Samoan  Niuean  Tongan  Fijian  Tuvaluan  Tokelauan

Which island and/or village? \_\_\_\_\_

New Zealand European  Indian  Chinese  Do not wish to answer

Other Please specify: \_\_\_\_\_

### If you have been known by any other name, please provide details.

Previous name 1: \_\_\_\_\_ Date of change: \_\_\_\_\_

Previous name 2: \_\_\_\_\_ Date of change: \_\_\_\_\_



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Country 1: \_\_\_\_\_ Dates: \_\_\_\_\_  
Country 2: \_\_\_\_\_ Dates: \_\_\_\_\_  
Country 3: \_\_\_\_\_ Dates: \_\_\_\_\_

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Organisation 1: \_\_\_\_\_ Date: \_\_\_\_\_  
Organisation 2: \_\_\_\_\_ Date: \_\_\_\_\_

**Please list your addresses for the previous 5 years and approximate dates.**

Address 1: \_\_\_\_\_ Dates: \_\_\_\_\_  
Address 2: \_\_\_\_\_ Dates: \_\_\_\_\_  
Address 3: \_\_\_\_\_ Dates: \_\_\_\_\_  
Address 4: \_\_\_\_\_ Dates: \_\_\_\_\_  
Address 5: \_\_\_\_\_ Dates: \_\_\_\_\_



## Section C: Whānau/family information for all applicants

If you are applying with other whānau/family, please let us know their name, address and your relationship with them.

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Please tell us about your tamariki/children. Please include adult children, step-children, adopted tamariki/children, tamariki whangai, and mokopuna/grandchildren.

Name 1: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Living with you? Yes/No  
Name 2: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Living with you? Yes/No  
Name 3: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Living with you? Yes/No  
Name 4: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Living with you? Yes/No  
Name 5: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Living with you? Yes/No  
Name 6: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Living with you? Yes/No  
Name 7: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Living with you? Yes/No  
Name 8: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Living with you? Yes/No

If you have other household members, who are not identified above, please provide their details.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

If you have other visitors or someone with connections to your household who will have unsupervised or overnight contact with a tamaiti/child or rangatahi/young person in your care, please provide their details.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Relationship to you: \_\_\_\_\_



## Section D: Referees

Please provide details of at least two people (one of whom is a relative) who will be interviewed by our social workers about your household, your character, strengths and relationships with tamariki/children

### Referee One (a relative):

Full name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Home address: \_\_\_\_\_  
\_\_\_\_\_

### Referee Two (not related or part of your whānau/family):

Full name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Home address: \_\_\_\_\_  
\_\_\_\_\_

## Section E: Application for known tamariki/children

If you have specific tamariki/children in mind to care for or adopt, please provide their details.

Full name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Home address: \_\_\_\_\_  
\_\_\_\_\_

Full name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Home address: \_\_\_\_\_  
\_\_\_\_\_

Full name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Home address: \_\_\_\_\_  
\_\_\_\_\_



## Authorisation for Use of Personal Information

### To be completed by the individual who is authorising the use of personal information.

By signing this form, I authorise Oranga Tamariki to use any relevant personal information about me and my tamariki/children as appropriate to assess my suitability as an applicant to become an approved caregiver for a tamaiti/child in the care or custody of the Chief Executive of Oranga Tamariki and/or to adopt a tamaiti/child.

I understand the social worker may need to discuss my information with other applicant(s) and this will be discussed with me in the first instance. I understand the social worker may need to discuss the references with my referees and the medical report with my doctor as part of the assessment process.

I understand that this information includes where relevant, but is not limited to information from:

- previous applications by myself (whether accepted or declined)
- previous details about me, when providing care for any tamaiti/child
- the Oranga Tamariki records relating to:
  - when I was a tamaiti/child (either care and protection or youth justice related)
  - where I was an information giver or notifier
  - where I had other involvement with Oranga Tamariki – for example, where I have been part of a plan supporting a member of my extended whānau/family
- results of New Zealand police vetting, and overseas police reports including criminal history and other relevant information.

## Declaration and Privacy Statement

The information that I have provided in this application is true and complete.

I understand that the information that I have provided will be held by Oranga Tamariki, and used to assess my suitability for caregiving/parenting and to further its statutory obligations under the Adoption Act 1955, the Adoption (Inter-country) Act 1997, the Adult Adoption Information Act 1985, Children's Act 2014, the Oranga Tamariki Act 1989, and the Care of Children Act 2004.

I am not required to give you information, but if I don't provide all the information you ask for, you may not be able to progress my application.

Under the Privacy Act 1993 I have the right to ask to see all information you hold about me, and to ask you to correct that information where it is incorrect.

**Signature of Applicant One:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Applicant Two:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Thank you for your application.**