



## Consent to Specialist Child Witness Interview

I/We \_\_\_\_\_  
(Parent/Guardian)

of \_\_\_\_\_  
(Address)

am a parent or guardian

of: \_\_\_\_\_  
(Name)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date of Birth)

I/We give permission for \_\_\_\_\_ (child/young person's name) to be interviewed and am aware that the interview will be recorded.

I/We acknowledge and consent as follows:

1. The information from this interview may be used by the New Zealand Police for the investigation and prosecution of any offences.
2. Oranga Tamariki may also use this information to carry out its duties under the Oranga Tamariki Act 1989.
3. The record of the interview will remain the property of the New Zealand Police. and may be used in any future criminal or family court proceedings.
4. The record of the interview may be accessed by the interviewer, and his or her supervisor or manager, for supervisory and assessment purposes.

I/We have read and understand this Consent form.

Signed: \_\_\_\_\_ (Parent(s)/Guardian)

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