## Mentor information and declaration

Please complete this form and have it witnessed by a solicitor or J.P. Please hand it to the Programme Coordinator

Mr/Mr	s/Miss/Ms	Male O Female O	Ethnicity:	D.O.B:	
First N	ames:	Suri	name:		
Emplo	yer:	Occ	upation:		
Home	Address:				
Home	or Work Phone:				
Mobile Phone:		E-m	E-mail address:		
I have	internet access to co	mplete mentoring repo	rts on-line: Yes /	No	
Declar	ation:				
l,		SO	lemnly and sincerel	y declare that:	
1.	I have / have not either been dismissed from a position or declined a position that involves working with young people. If your answer is in the affirmative please explain:				
2.	I have / have no criminal convictions or pending charges that could impede my working with young people. If your answer is in the affirmative please explain:				
3.	I authorise (Name of Community Partner) to make enquiries with police for information held relevant to my application.				
4.	I agree to advise the Mentor coordinator of any future charges or charges that may occur during my PK mentoring.				
5.	l authorise (Name o	f Community Partner) (	o make enquiries w	ith my GP,	
Dr	:				
Ph	one:				

as to my fitness to work with young people.

- 6. I confirm I have been fully vaccinated for COVID-19 including any booster vaccinations as recommended by the Government.
- 7. Please supply the full name and contact details of two character referees, one family member and one friend.

a) Name:	ph: hm/wk	Mob:	
Address:			
b) Name:	ph: hm/wk	Mob:	
Address:			
AND I MAKE this De and Declarations Ad	claration conscientiously believing et 1957.	the same to be true by virtue	of the Oaths
Declared at			
Ву			
This day of			
A Solicitor of the Hi	gh Court of NZ/Justice of the Peace	•	