

## APPLICATION TO BE A CAREGIVER

### APPLICANT 1

Full Name:

Previous Names (if any):

Address:

Contact telephone number(s):

Cellphone number:

Date of Birth:

Male / Female

Ethnicity:

Hapū/Iwi:

Occupation:

Religion:

What is your state of health? Please indicate any illnesses or ongoing health issues:

Have you even been an approved caregiver?

Yes

No

If "Yes", with which agency:

Are you still a caregiver with that agency?

Yes

No

If "No", what are the reasons for discontinuing your caregiving with that agency:

Have you, or anyone living in your home, ever been involved with, or investigated by Child Youth & Family? If "Yes", give a brief description:

Yes

No

Have you, or anyone living in your home, ever been convicted in a Court of Law?

Yes

No

If "Yes", give a brief description:

Have you ever received police diversion for an offence?

Yes

No

If "Yes", give a brief description:

Have you been convicted of a driving offences which resulted in temporary or permanent loss of licence or imprisonment?

Yes

No

If "Yes", give a brief description:

Are you awaiting sentencing or do you currently have charges pending?

Yes

No

If "Yes", please state the nature of the conviction/cases pending:

### SINGLE APPLICANT

If single applicant, what is your status?

never married

married

living with a partner

Other, please state: .....

widowed

divorced

living apart/separated

Give details of the type of caregiver service you can provide eg. length of stay, age of child/ren, gender etc.

Give names and addresses of two persons who are not relatives, from whom written character references may be obtained.

**Note: If this application is being made by a couple, the references must apply to both applicants.**

**Referee One**

**Referee Two**

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Do you have any children or young people living in your home or on your property?

Yes  No

If "Yes", indicate names, ages and gender of each child or young person:

**Name**

**Age**

**Gender**

.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Are there any other adults (over 18yrs) living in your home or on your property?

Yes  No

If "Yes", indicate names, ages and gender of each adult and their relationship to you:

**Name**

**Age**

**Gender**

**Relationship**

.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**Declaration**

**The statements and answers I have given in this application are true and complete**

Signature of Applicant 1:

Date:

**Privacy Statement**

**This information is being collected by Kokiri Marae Keriana Olsen Trust to assist in the selection of people to provide care for children and young persons in the custody of the Director General of the Department of Social Welfare. The information you provide will not be used for any other purpose.**

## APPLICATION TO BE A CAREGIVER

### APPLICANT 2

Full Name:

Previous Names (if any):

Address:

Contact telephone number(s):

Cellphone number:

Date of Birth:

Male / Female

Ethnicity:

Hapū/Iwi:

Occupation:

Religion:

What is your state of health? Please indicate any illnesses or ongoing health issues:

Have you even been an approved caregiver?

Yes

No

If "Yes", with which agency:

Are you still a caregiver with that agency?

Yes

No

If "No", what are the reasons for discontinuing your caregiving with that agency:

Have you, or anyone living in your home, ever been involved with, or investigated by Child Youth & Family? If "Yes", give a brief description:

Yes

No

Have you, or anyone living in your home, ever been convicted in a Court of Law?

Yes

No

If "Yes", give a brief description:

Have you ever received police diversion for an offence?

Yes

No

If "Yes", give a brief description:

Have you been convicted of a driving offences which resulted in temporary or permanent loss of licence or imprisonment?

Yes

No

If "Yes", give a brief description:

Are you awaiting sentencing or do you currently have charges pending?

Yes

No

If "Yes", please state the nature of the conviction/cases pending:

## IF MORE THAN ONE APPLICANT

Are the applicants a married couple?  Yes  No

How long have you lived together? \_\_\_\_\_ years \_\_\_\_\_ months

### **Declaration**

*The statements and answers I have given in this application are true and complete*

Signature of second applicant:

Date:

### **Privacy Statement**

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