

# Totara Springs Christian Centre

Web Site: [www.totarasprings.org.nz](http://www.totarasprings.org.nz)  
Ph 07 888 4700 / Fax 07 888 4710

## CONSENT TO DISCLOSURE OF INFORMATION (2005)

### POLICE CHECK FORM

Totara Springs Christian Centre  
288c Taihoa North Road  
RD 3  
Matamata 3473

I, .....  
(Surname) (Fore Names)

.....  
(Maiden or any other names used)

Sex ..... (M/F) Date of birth .....  
(Applicants must be 17 years or over)

Place of Birth.....

Nationality.....

Residential Address.....

Suburb.....

City..... Postcode.....

NZ Driver License number ... ..

I hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application to **TOTARA SPRINGS CHRISTIAN CENTRE**. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

Signed ..... Date .....