EASTERN INSTITUTE OF TECHNOLOGY
NEW ZEALAND

Please COMPLETE AND RETURN this page with your Enrolment Form

Hawke's Bay Campus only

Bachelor of Social Work
Year One Course Selection Form

Applicant name: .....

Year One courses offered in Hawke's Bay 2026

It may not be possible to have the tutorial of your choice. There are limits to numbers in tutorials. Tutorial lists will be compiled from your course selection(s).

Course Code	Course Title	Credits	Please tick the semester you wish to be enrolled in	
			Semester 1	Semester 2
BSW5.01	Whakamata - Foundation	15	☐	Not Available
BSW5.02	Stepping Into Practice 1	15	☐	Not Available
BSW5.03	Trail of Te Tiriti	15	☐	Not Available
BSW5.04	Who Am I in the World?	15	☐	Not Available
BSW5.05	Biculturalism	15	Not Available	☐
BSW5.06	Introduction to Community Development	15	Not Available	☐
BSW5.07	Stepping into Practice 2	15	Not Available	☐
BSW5.08	Knowledge for Social Work	15	Not Available	☐

It is your responsibility to ensure courses and tutorials do not clash in your weekly timetable of classes.

If you have any queries completing the course selection form, please contact the Programme Administrator.

EASTERN INSTITUTE OF TECHNOLOGY
NEW ZEALAND

Bachelor of Social Work

Personal Declaration Form

It is important that people entering the social services demonstrate their fitness for such work. Applicants will be assessed over a range of criteria and saying yes to any of these questions does not necessarily result in non-acceptance to the programme.

It is important you complete each part of this declaration form accurately.

Should you be accepted on to this programme an annual declaration will be required. If your personal information changes during the course of your study you must inform the Programme Coordinator.

Please answer all of the following sections:

1. Offences against the law:

Have you been convicted, discharged without conviction, or experienced police diversion as a result of any criminal charges, or have any criminal charges pending? The clean slate legislation does not apply in police checks for social workers and therefore you must declare all convictions.

☐ Yes ☐ No (please tick one)

If Yes, you MUST provide, in a sealed envelope, a brief explanation about:

- the nature of the offending
- the sentence received
- the changes you have made that would ensure your suitability for study in the programme and for social services work.

Address your explanation to the Programme Coordinator.

The decision regarding your application for the degree will not be made until this letter is received.

2. Involvement with agencies:

Have you or your wider family members been previously, or are currently, a client, caregiver, employee or service user of an agency? Please specify (e.g. when, who, what?).

.....

.....

.....

.....

3. Use and abuse of addictive substances:

a. I have a history of abuse of substances

☐ Yes ☐ No (please tick one)

b. I have a history of problems involving addictions (e.g. alcohol, gambling, using illegal substances)

☐ Yes ☐ No (please tick one)

Continued over page

If Yes, you will need to provide the following information:

A written attestation from an appropriate health professional, e.g. GP, counsellor or social worker that your condition has been stable and the period of time it has been stable.

A relapse plan which identifies early signs and symptoms of a relapse and which provides a name and contact number of your primary health professional whom we could contact if it should become necessary.

c. I have been in recovery and clean for at least two years.

☐ Yes ☐ No ☐ Not applicable (please tick one)

Written attestation statement from an appropriate professional provided:

☐ Yes ☐ No ☐ Not applicable (please tick one)

4. Mental health status:

a. Are you currently experiencing a psychological or psychiatric condition? (E.g. depression, anxiety, bipolar disorder.) The condition may have developed recently or may be a longer term condition.

☐ Yes ☐ No (please tick one)

b. Are you in recovery or have you recovered from a psychological or psychiatric condition within the last seven (7) years? (E.g. depression, anxiety, bipolar disorder.)

☐ Yes ☐ No (please tick one)

If Yes to either of the above, you will need to provide the following information:

A written attestation from an appropriate mental health professional that your condition has been stable and the period of time it has been stable.

A relapse plan which identifies early signs and symptoms of a relapse and which provides a name and contact number of your primary health professional whom we could contact if it should become necessary.

c. Are you currently on medication for this condition?

☐ Yes ☐ No (please tick one)

d. Are you currently receiving support from a professional? (E.g. counsellor, psychotherapist, psychiatrist.)

☐ Yes ☐ No (please tick one)

If Yes, please provide details:

5. Do you have any physical, medical or other difficulties that may affect your ability to study at EIT, undertake placement and work in the social services?

☐ Yes ☐ No (please tick one)

Continued over page

If Yes, please provide details in a sealed envelope.

6. Have you ever been investigated for harassment or abuse?

☐ Yes ☐ No (please tick one)

If Yes, please provide details in a sealed envelope.

I confirm that all the information contained in this document is true and correct.

I understand that giving a false declaration or failing to disclose information may:

- **prevent me from being accepted onto the programme,**
- **impact on placement,**
- **if accepted, prevent me from continuing on the programme.**

If your personal information changes during the course of your study you must inform the Programme Coordinator.

Applicant name: .....

Applicant signature: .....

Date: .....

EASTERN INSTITUTE OF TECHNOLOGY
NEW ZEALAND

Bachelor of Social Work

Referee Report

Confidential to the School of Education and Social Sciences

Referees must **NOT** be a family member. One of the references must be from a person with whom the applicant has a formal relationship (e.g. employer, teacher, work colleague, church minister etc). The other reference must be from someone who you know from a different area of your life (e.g. one referee may be an employer and the other a teacher or one may be a teacher and the other a friend/acquaintance).

Thank you for taking time to complete this report. Your comments on the suitability of the applicant for studying and working in the field of social work will be carefully considered. Your frank replies will be appreciated. I provide this reference on the understanding that it will remain confidential to those concerned with considering applications and that it will not be used for any other purpose

Please return this report to EIT promptly. Applications cannot be processed until all referee reports are received. Thank you.

Applicant name: .....

Referee name: .....

Phone: Day ..... Night .....

Referee address: .....

.....

.....

1. I am confident I know the applicant well enough to complete this form and am not related to the applicant.

☐ Yes ☐ No

If the answer is NO please return this form by email to internationalapplications@eit.ac.nz

a. Please indicate the length of time you have known the applicant.

.....

.....

b. Describe the capacity in which you have known the applicant (e.g. personal, colleague, community leader, employer, volunteer, etc.).

.....

.....

.....

2. Describe the applicant's interests, skills, abilities and activities

Continued over page

3. **Please tick the area which best explains the personal and professional qualities of the applicant. Please leave blank if you are not sure.**

Qualities	Strongly Evident	Evident	Minimal Evidence
Open minded			
Respect for others			
Enthusiasm			
Punctuality			
Confidence			
Patience			
Common sense			
Warmth			
Initiative			
Honesty			
Interest in learning			
Communication			
Cultural sensitivity			

4. **Please tick the boxes which best describe the following skills of the applicant. If you are not sure please leave it blank.**

Qualities	Strongly Evident	Evident	Minimal Evidence
Listening skills			
Clarity of speech			
Works well with others			
Ability to express ideas			
Perseverance			
Ability to build and maintain relationships			

Continued over page

5. Are there any special circumstances which the interview panel needs to be aware of before selecting this person for study and work in the social work profession?

5. RECOMMENDATION

☐ This applicant has the potential to be a satisfactory social worker.

☐ I have concerns about this applicant as a social worker (please explain below).

6. Further comments:

Referee signature: .....

Date: / /

Thank you.

Please email this form to internationalapplications@eit.ac.nz

Vetting Service

Request & Consent Form

NZPVS – 04/25

Section 1: Agency to complete

For more information please see the Guide to PVS Request & Consent Form (https://www.police.govt.nz/advice-services/businesses-and-organisations/nz-police-vetting-service/forms-and-guides)

This form refers to the Policing (Police Vetting) Amendment Bill ("Vetting Bill"), which is expected to amend the Policing Act 2008

1.1 Name of agency submitting vetting request

EIT / Te Pūkenga - E70352

1.2 Name of the person being vetted

1.3 Description of the role of the person being vetted

This is a brief description of the role (not the job title). This is used by Police to help decide what type of vet is conducted if it is unclear from the following questions.

Student Trainee Social Worker

1.4 Which groups will the person being vetted be working with (select all that apply):

■ Children/ Young People	■ Vulnerable Adults

1.5 Does the role involve caring for people in the home of the person being vetted?

This is about whether the person being vetted is providing services out of their own home (that is, are vulnerable children or adults visiting the home of the person being vetted for support).

☐ Yes	■ No

1.6 Is the person being vetted:

☐ A paid worker	☐ A volunteer	■ Undertaking vocational or educational training

1.7 Is the person being vetted a Children's Worker according to the Children's Act 2014, section 23(1)?

If the person being vetted is not working with children/ young people (Q 1.4), tick 'No' then skip to question 1.11.
If the person being vetted IS working with children (Q 1.4) AND is a volunteer (Q 1.6), tick 'No' then skip to question 1.9.

■ Yes	☐ No (skip to question 1.9)

1.8 Is the role of the person being vetted a core or non-core worker role according to the Children's Act 2014, section 23(1)?

■ Core worker	☐ Non-core worker

1.9 Has the person being vetted previously been Police vetted by your agency?

☐ Yes	☐ No (skip to question 1.11)

Vetting Service

Request & Consent Form

1.10 Is the person being vetted still working in the role for which your agency last obtained a Police vet?	
If this request is a renewal of the person's previous vet for this role, please select Yes. Otherwise, answer No.	
☐ Yes	☐ No – the person being vetted is applying for a new role or position

1.11 What is the job title of the person being vetted?
This is the title of the job they are being vetted for.
Student trainee Social Worker

1.12 Evidence of identity (to be completed by agency representative or identity referee)	
See the consent form guide for details on how to complete this section	
■ A primary ID has been sighted (mandatory)	■ A secondary ID has been sighted (mandatory)
☐ One form of ID is photographic (mandatory)	☐ Evidence of name change has been sighted (if applicable)
OR: *If your agency is able to accept a verified RealMe identity then:*	
■ An assertion of a RealMe identity has been received (see the consent form guide for further information)	

In making this request, I confirm that:

- ✓ I have complied and will comply with the Approved Agency Agreement and the Vetting Bill.
- ✓ I am satisfied as to the identity of the person being vetted.
- ✓ I have obtained the authorisation of the person being vetted to submit this vetting request as set out in section 2.4 of this form.
- ✓ For vetting requests on individuals aged 14 or 15, I have obtained the authorisation of a parent or guardian.

Agency Representative:

Full name:	Maree Diamond	Date: (dd/mm/yyyy)	
Signature:	M C Diamond	Electronic signature: *	☑

* If applicable, ticking this box constitutes an electronic signature and your consent for its use in this form.

Section 2: Person being vetted to complete and return to agency

This form refers to the Policing (Police Vetting) Amendment Bill ("Vetting Bill"), which is expected to amend the Policing Act 2008

The purpose of this form is to allow the New Zealand Police Vetting Service to confirm who you are using Police records, carry out a Police vet, and obtain your consent to share any relevant information with the agency that requested the vet.

What you are consenting to. You are agreeing that the Police Vetting Service can share relevant information they hold about you (if any) with the requesting agency. This information will be used to help the agency decide whether you are suitable for the role they are considering you for or that you are engaged in.

The information that may be shared is outlined in *section 2.4* of this form. For further details, you should refer to the Vetting Bill or visit the Police vetting website.

Who collects your consent. The agency requesting the Police vet will collect your signed consent.

The law that applies. Your consent is required by law. We are asking for your consent under the Vetting Bill.

Your rights under the Privacy Act 2020 include: you may request a copy of the Police vet report provided to the agency by contacting the agency. You can withdraw your consent to a Police vet at any time before the vetting process is complete by contacting the agency. The agency may keep the Police vet only for as long as required for vetting purposes.

You may request correction of your personal information at any time at police.govt.nz -> requesting information.

How long the information is valid for. The information in the Police vet is correct only at the time it is shared. It is up to the agency to decide how often they ask for updated vetting.

2.1 Personal information

** Mandatory field*

Family/ last name * (*that you are most commonly known by*)			
Given/ first and middle name(s) *			
Gender *		Date of birth * (dd/mm/yyyy) *(must be 14 years of age or over)*	
Place of birth (Town/ City/ State)			
Country of birth *			
NZ Driver Licence number			
Name of parent or guardian *(if person being vetted is 14 or 15 years old *)*			

2.2 Other names

Please include all other names you are or have been known by. Including, but not limited to: previous legal names (eg. maiden names, or due to divorce or adoption), aliases used, name changes by deed poll. Include ALL names - first, middle and last.

Family name	First name	Middle names

Continued on following page…

2.3 Permanent residential address			* Mandatory field
Flat/ number - and street name *			
Suburb		Post Code	
Town/ City *			

2.4 Your consent to share information

1. **A Police vet will include the following information, if held by New Zealand Police.** *Please refer to the Police vetting website for more information regarding the Clean Slate Scheme, what may be released, and the vetting process.*

   Either:

   a. A result indicating that no information is held or relevant to the purpose of the vetting request,

   Or, one or both of:

   b. The vetting subject's criminal record (if any), unless the Clean Slate Scheme applies.

   c. A summary of other information that is readily retrievable, relevant to the purpose of the vetting request, and deemed accurate.

      This may include pending charges, charges without conviction, youth court charges, infringement offences, demerit points, arrest warrants, involvement in family violence, overseas convictions, police investigations without charges, interactions with Police, and other information held by Police.

      Information may also be released where it is subject to a suppression order or statutory prohibition, involves offences by individuals under 18, or relates to mental health or substance abuse issues.

2. If you are vetted as a Children's Worker, and you continue to hold that role, the Police Vetting Service may release any newly obtained relevant information to the requesting agency at any time.

   The Police Vetting Service will take reasonable steps to:

   a. confirm that the purpose of the Police vet remains valid – for example, that you are still employed or engaged as a Children's Worker, and

   b. notify you before any information is disclosed.

3. Information provided in this consent form may be used to update New Zealand Police records.

Authorisation of person being vetted:

- ✓ I confirm that the information I have provided in this form is about me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand Police to disclose any personal information relevant to this application (as described above) to the agency making this request.

Full name:		Date: (dd/mm/yyyy)	
Signature:		Electronic signature: *	☐

If you are 14 or 15 years of age (as at the date of the application) please provide consent from a parent or guardian.

Parent/Guardian's full name:		Date: (dd/mm/yyyy)	
Parent/Guardian's signature:		Electronic signature: *	☐

* If applicable, ticking this box constitutes an electronic signature and your consent for its use in this form.