## Blind & Low Vision Education Network NZ

# Safety Checking Employer Endorsement Form for non BLENNZ Staff

The Vulnerable Children’s Act 2014 (and its amendments) requires all paid employees and contractors who work with ākonga for state-funded organisations to be safety checked. This also applies to unpaid people working with ākonga as part of an educational or vocational training course.

As a state-funded organisation the Blind & Low Vision Education Network NZ (BLENNZ) must ensure safety checks are completed (or updated as required) for any employees or contractors of organisations or firms who will be working with BLENNZ ākonga (including those attending the Homai Early Childhood Centre). It is BLENNZ policy that all volunteers are also safety checked.

Safety checking involves police vetting and confirmation of proof of identity. Verification of identity must be done by using either a Verified RealMe account or by checking two forms of identity documentation. One of these identity documents must be a primary identity document (e.g. a New Zealand Passport or Birth Certificate). If the documents are not photographic, or if the person has changed their name, they will also need to provide further evidence of identity. As a final precaution personnel records must be searched to make sure that no one else has claimed that identity.

**Please note: It is not the responsibility of BLENNZ to conduct safety checks of anyone other than its own employees and volunteers. This remains the sole responsibility of the organisation or contractor who is providing services through BLENNZ to its ākonga. Until safety checks have been completed, no contractors or employees outside of BLENNZ will be allowed access through BLENNZ services to any ākonga on the BLENNZ roll. Information provided to BLENNZ is for the sole purpose of BLENNZ and cannot be used by either party as a means of safety checking for any other organisation or firm.**

As an organisation or contractor that provides services to BLENNZ, please complete the form below and return it to either the Principal or relevant Senior Manager.

| Details of Organisation or Contracting Firm |  |
| --- | --- |
| Name of Organisation/Contractor |  |
| Name of person endorsing this form |  |
| Position held in Organisation |  |
| Telephone (work and mobile) |  |

| Details of employee, volunteer or contractor who will be working with BLENNZ ākonga |  |
| --- | --- |
| First Name |  |
| Surname |  |
| Other names known by |  |
| Position held in organisation |  |
| Length of time with employer |  |

## Employer’s Declaration and Signature

I declare that I have reviewed the safety checking information that we hold on the above and confirm that a check that complies with the standard described in the Vulnerable Children (Requirements for Safety Checks) Regulations 2015 was completed on the date noted below and is due for rechecking before the day three years after this date.

Based on the information from the safety checking process and my professional judgement, I confirm that the above employee/contractor meets the requirements under the Vulnerable Children’s Act 2014 and its amendments to work with ākonga enrolled for services through BLENNZ.

**And/or**

The following are matters I wish to draw to your attention:

(Signed) ……………………………………………………………………………….

(Date Safety Check Completed) ………………………………………………….