TOI-OHOMAI
Institute of Technology

Declaration Form

Master of Teaching Early Childhood Education

Good Character and Fit to be a Teacher

The Teaching Council requires that all initial teacher education providers take the following into account when deciding whether applicants for teacher education are of good character and are fit to be a teacher. Providers must assess whether, at the completion of the programme, the applicant is likely to:

a) have satisfactory police vet
b) display respect for persons, for cultural and social values of Aotearoa New Zealand, for the law and for the views of others
c) uphold the public and professional reputation of teachers.
d) promote and nurture the safety of learners within his or her care.
e) be reliable and trustworthy in carrying out duties.
f) be mentally and physically fit to carry out the teaching role safely and satisfactorily.

To help us to assess your potential to meet good character and fitness to be a teacher, Toi Ohomai Institute of Technology requires you to make the following declarations:

- Health declaration
- Criminal convictions declaration

Health Declaration

For the Toi Ohomai lecturing staff to be able to fully support you as a student within your programme, knowledge of your personal situation is important. Please notify us of any past or current situations which may impact on your successful participation.

These may include but are not limited to (if none, please write N/A):

- Medical conditions (Physical or Mental)
- Disability
- Substance abuse
- Addictive behaviour

Please note that if any information regarding your past or current situation(s) that potentially impacts on your participation within the programme(s) has not been disclosed, the Programme Manager, in consultation with teaching staff, has the right to stand you down from the programme.

Name: _____

Signature: _____ Date: _____

Criminal Conviction Declaration

I (Student Name) _____declare

☐ That I have no criminal record/convictions and have no criminal charges/investigations pending

☐ That I have criminal convictions and/or I have criminal charges/investigations pending
(select one)

Signature: _____ Date: _____

If you have criminal convictions and/or have criminal charges/investigations pending, please provide the full details of the circumstances surrounding your convictions/charges (add pages if necessary):

In addition, please outline what changes/strategies you have put into place to ensure that you do not offend again:

Please note that having a conviction will not necessarily hinder your enrolment in these programmes. When making a decision regarding your application, the following will be taken into consideration:

- The severity of the offence/s
- The recentness of the offence/s
- Your age at the time of the offence/s
- Any pattern of offending

Vulnerable Children Act – Safety Check

The Vulnerable Children Act 2014 was passed to improve the well-being of children. This Act requires organisations to undertake a safety check on all staff and students who are providing a service to under 18s. As you will be placed in early childhood centres with children as part of your study you are required to have a Safety Check completed.

Toi Ohomai Institute of Technology may be required to share your Safety Check and related documents with the early childhood centres with whom you are placed for practicum. This is because these centres are also required complete safety checks on those coming in contact with children. Accordingly, your authority is required to enable Toi Ohomai Institute of Technology to share your information. In accordance with the Privacy Act 1993, Toi Ohomai Institute of Technology will not share the information you provide in this safety check for any other unauthorised purpose.

Information and documents relating to the following aspects may be shared:

- Copies of identity confirmation documents
- Details relating to your selection interview
- Notes from the verbal reference check
- Written references
- Details of your work history
- A copy of your police check

Agreement for information disclosure

I .....authorize Toi Ohomai Institute of Technology to share the information collected through the Safety Check process with the organisation's with whom I may be placed for practicum.

Name: _____

Signature: _____ Date: _____