



Expression of Interest and Consent

I _____ have expressed an interest in becoming Kaitiaki (caregiver) for Tiaki Taoka. The type of caregiving I am interested in is:
(please tick all relevant options)

☐ Emergency Care

☐ Kaitiaki: (please circle) SHORT MEDIUM LONG TERM

☐ Respite care

As part of the application process, I consent to Tiaki Taoka submitting my application forms for further enquiries to:

- The Commissioner of Police
- Oranga Tamariki, Ministry for Children
- My Medical Practitioner
- Two Personal Referees

Disclaimer and Signature

I agree to the above Professional Agencies and Referees disclosing information that may or may not support me. I am aware that all my information will remain confidential. As part of the Tiaki Taoka auditing process, this information may be viewed by an external Auditor from the Ministry of Social Development for service auditing purposes only. The Kāihautū, Te Hāpai-ā-whānau (Director) of Tiaki Taoka reserves the right to approve or decline my application based on the final report.

Date: _____

Applicant 1: _____

Signature: _____

Applicant 2: _____

Signature: _____

Contact Phone: _____ Email: _____

Applicant(s)
Address: _____

Street Address

Suburb

Town / City

Post Code