



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

Street Address

Town / City

Post Code