CONSENT TO EXCHANGE OF CRIMINAL RECORD CHECK INFORMATION

I		
(GIVEN NAMES	3)	(FAMILY NAME)
OTHER NAME VARIATIONS*		
DATE OF BIRTH	PLACE OF BIRTH	GENDER
LAST NEW ZEALAND ADDRES	SS	
EMAIL		/IBER
NEW ZEALAND DRIVER LICENCE N	IUMBER	
	by including name at birth, name befo ne, preferred name, and other spellings	re or after marriage, adoptive or foster name, alias of names.
I consent to:		
• the Department of Home Affairs using my personal information and disclosing it to the New Zealand		
Ministry of Justice to obtain my full criminal conviction record, and		
if I have provided my cri	minal conviction record to the De	epartment of Home Affairs, the record
being verified with the N	lew Zealand Ministry of Justice.	
I acknowledge that:		
• the Privacy notice (https://immi.homeaffairs.gov.au/form-listing/forms/1442i.pdf) provides that the		
Department of Home Aft	fairs collects personal information	n for the purpose of carrying out its
functions and activities a	associated with your immigration	and/or citizenship pathway; and
if I consent to the Depart	tment of Home Affairs disclosing	my personal information to the New
Zealand Ministry of Justi	ice, the requirements in the Austr	ralian Privacy Principle 8.1 in Schedule 1 of
the <i>Privacy Act 1988</i> will	I not apply to the disclosure. That	is, the Department will not be required to
take steps to ensure that	t the New Zealand Ministry of Jus	stice does not breach the Australian Privacy
Principles in relation to the	he information disclosed.	
Information about New Zealand	criminal conviction records can b	pe found at www.justice.govt.nz.
SIGNED Applicant / Le		