**Application for Appointment as an Accredited Person**

*Print in BLOCK CAPITAL LETTERS. If filling in by hand, please use blue or black ink pen. Cross out any errors.*

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|  | | | | | | | | | | | | | | | | | | | | | | | **MPI AP NO:** | | | |  | |
| **1. Personal Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | |  | |  | | | | | | | | | | | | |
|  | *(First Names)* | | | | | | | | | | | | |  | | *(Surname)* | | | | | | | | | | | | |
| Preferred Name: |  | | | | | | | | | |  | |  | | | | | |  | | | | | | | | | |
| Date of Birth: |  | | Sex: | | | |  | | | | |  | Nationality: | | | | | |  | | | | | | | | | |
|  | *(DD / MM / YYYY)* | |  | | | | *(M / F)* | | | | |  | | | | | | | | | | | | | | | | |
| Country of Birth: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Do you have convictions for offences relating to fraud or dishonesty, biosecurity, or import/export business activity? Yes  No | | | | | | | | | | | | | | | | | | | *If* ***yes****, please supply additional information regarding the offences*. | | | | | | | | | |
| I consent to the release of information about me by Immigration New Zealand to the Ministry of Primary Industries through the Visa Verification Service for the purpose of establishing my right to work in New Zealand Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. Personal Identification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NZ Driver Licence: |  | | | | | | | | | | | | Passport Number: | | | | | |  | | | | | | | | | |
| **Please supply clear colour photocopy of your identification with this form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. Training Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Training Certificate No: |  | | | Training Date: | | | |  | | | | | | | Training Provider: | | | | | | |  | | | | | | |
| **4. Contact Details of Applicant** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone Number: | (      ) | | | | | Mobile: | | | |  | | | | | | | | | | |  | | |  | | | | |
| Email Address: |  | | | | | | | | | | | | *(specific to information relating to this disclosure form and appointment)* | | | | | | | | | | | | | | | |
| **5. Address Information of Applicant – Please list your current residential address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Address: |  | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |
| Suburb: |  | | | | City: | | | |  | | | | | | | | | | Post Code: | | | | | |  | | | |
|  |  | | | |  | | | |  | | | | | | | | | |  | | | | | |  | | | |
| Postal Address:  *(if different from above)* |  | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |
| Suburb: |  | | | | City: | | | |  | | | | | | | | | | Post Code: | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. Employer Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Company / Facility: | |  | | | | | | | | | | | | | | | | | Facility Code:  *(if applicable)* | | | | | | |  | | |
| **7. Declaration *(tick one of the boxes below, then sign and date this section)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *I undertake to promptly disclose to the Ministry for Primary Industries any matters that may arise in the future which may be relevant to my continued suitability to hold appointment.*  *To the best of my knowledge, the information I have supplied is true, correct and complete. I understand that if any information that I have supplied is found to be false, incorrect or incomplete, this may be grounds for suspension or revocation of my appointment.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: |  | | | | | | | | | | | | | | | |  | Date: | |  | | | | | | | |  |

***Please ensure all sections are completed. Failure to do so may result in form being returned and cause delays in processing.***

**MPI USE ONLY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date Received: |  | Appointment Granted: | | | *Yes*   *No* | | **Date Approved:** |  |  |
| Approving Manager: |  | | Title: |  | | Branch: |  | | |

**IMPORTANT INFORMATION**

To assist with completing this form please read the following

***APPLICATION FOR A NEW APPOINTMENT***If you are applying for your appointment as an Accredited Person for the first time  
  
***APPLICATION TO RENEW AN EXISTING APPOINTMENT***   
If you are already an Accredited Person and have completed retraining  
  
***MPI AP No.***Only for existing Accredited Persons. Must be the AP number as shown on existing AP approval certificate

1. ***PERSONAL INFORMATION   
   Name***

This must be the full legal name of the person as shown on their proof of identification i.e. driver licence or passport

***Preferred Name***

This is the name that the person wishes to be known by, if it is different to their legal name

1. ***PERSONAL IDENTIFICATION***

New Zealand Driver Licence number or Passport number  
 *\*Please refer below for accepted forms of identification  
 \*Please refer below for proof of right to work in New Zealand information*

1. ***TRAINING INFORMATION***  
   This information can be found on your training certificate
2. ***CONTACT DETAILS OF APPLICANT***

These are the contact details of the person applying, not the contact details of your employer or transitional facility operator

* + MPI will issue the certificate electronically, so you should have your own email
  + MPI will not issue a certificate of appointment other than to the applicant

1. ***ADDRESS INFORMATION OF APPLICANT***This is the physical and postal address *(if different)* details of the person applying, not the contact details of their employer or transitional facility operator
   * If you do not have an email, certificates will be posted to this address
   * MPI will not issue a certificate of appointment other than to the applicant
2. ***EMPLOYER INFORMATION***

Where the individual is self-employed, or working as a contractor for a labour company, they must enter ‘self-employed’ or the name of the company to whom they contract

1. ***DECLARATION***

The applicant must complete this section and tick one of the boxes as indicated

***ACCEPTED FORMS OF IDENTIFICATION ARE:***

* NZ Driver Licence – must be current
* Passport – must be current
* Birth Certificate and a passport-like photo – both of which have been certified by a Lawyer, JP, or Court Registrar. This is usually free of charge.

***PROOF OF RIGHT TO WORK IN NEW ZEALAND***

***Non-New Zealand citizen***

Persons applying to be an Accredited Person who are a non-New Zealand citizen must provide the following:

* Foreign passport with valid New Zealand visa which allows you to work

All visa options to work can be found on the Immigration New Zealand website. Non-New Zealand citizen applicants should check that their visa (including any conditions) will allow them to undertake this work. MPI may use passport details to check your right to work in the Visa Verification Service.

***Length of Appointment***

Persons applying to be an Accredited Person will not be appointed for a term that exceeds the expiry date of their Work Visa.

***PRIVACY ACT INFORMATION***

The information collected in this application form is for the purpose of applying for appointment as an Accredited Person under section 103 of the Biosecurity Act 1993. It will not be disclosed to third parties without your consent unless this is permitted under the Privacy Act 1993, or other law. You have rights under the Privacy Act 1993 to request access to, or correction of, your personal information held by MPI. If you no longer wish to be an accredited person, please advise MPI in order for us to update our records accordingly.

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| **HAVE YOU ….** |
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**Please submit completed form and documents to:** [**seacontainer@mpi.govt.nz**](mailto:seacontainer@mpi.govt.nz)