

Application Form WA7 Recognised Person

Before you start, let's check that you have everything you need:

- You are filling in this form because you are an individual applying for recognition under section 73 of the Wine Act 2003.
- Submit all of the required documentation listed in section 5 of the application form, including a completed NZ Police vetting service form.
- The application fee according to the payment section of this form. Note: all fees on this form are inclusive of GST.

Read these notes before you start filling out the form:

- This form must be used when applying to register for recognition with the Director-General of the Ministry for Primary Industries under section 73 of the Wine Act 2003. Recognition allows you to carry out verification functions and activities or other specialist functions and activities for the purposes of that Act. The criteria for recognition as a person are outlined in Part 9 of the Wine Regulations 2021.



- This icon is used when you need to make a decision. The question will help you decide whether you need to complete a particular section.
- Throughout this form you will need to tick boxes that look like this: ☐. A checked box indicates a 'yes' answer.
- Send the completed application form together with the fee, and any other documentation required (see below) to the Ministry for Primary Industries at approvals@mpi.govt.nz. Processing time is up to 20 working days from the time we determine that your application is complete.
- If there are any changes to the details provided in this application after the application has been sent to MPI, you must promptly inform us of the changes in writing.
- Refer to the Privacy Act 2020 and Official Information Act 1982 notices at the end of this form regarding collection of information by MPI.

Frequently used terms

Recognised Person = An individual qualified to carry out specified functions and activities.

Recognised Agency = An agency whose specified functions and activities include managing and carrying out verification functions and activities.

GST = Goods and service tax

MPI = Ministry for Primary Industries

Application Form WA7 Recognised Person



Question A: Is this a new, amendment or renewal application?

- ☐ New → Continue to Section 2.
- ☐ Amendment → Complete Section 1 and all other relevant sections, clearly indicating where details have changed.
- ☐ Renewal → Complete Section 1 and all other relevant sections, clearly indicating where details have changed.

Section 1. MPI Recognition Identification (renewals/amendments only)

Your unique business identification which is 3-10 characters in length.

MPI ID Number:

Section 2. Applicant Details

Full name of applicant and organisation of employment.

Applicant full name

Organisation name and MPI recognition ID

Name:

MPI ID Number:

Section 3. Business Address and Contact Details of Applicant

Street/Physical (location of actual premises)

Postal, including post code (for communication)

Tel

Mobile

Email

By entering an email address you consent to being sent information and notifications electronically, if required.

Section 4. Recognition Functions and Activities

Tick all that apply.

Functions	<input type="checkbox"/> Verification	Activities	<input type="checkbox"/> Wine Standards Management Plans
	<input type="checkbox"/> Evaluation	Activities	<input type="checkbox"/> Export Requirements
		Activities	<input type="checkbox"/> Wine Standards Management Plans

Section 5. Documentation Requirements

Send in all the required documents. Your application will not be processed until all documents are received.

- ☐ Completed MPI online training modules <https://www.mpi.govt.nz/food-business/winemaking-standards-requirements-and-testing/verification-for-winemaking/becoming-a-recognised-agency-or-person-to-verify-wine-businesses/>
- ☐ IANZ/JAS-ANZ individual assessment report attached;
- ☐ Completed NZ Police Vetting Service form (see end of this form)

Section 6. Applicant Statement

I confirm that:

1. I am authorised to make this application as the applicant or a person with legal authority to act on behalf of the applicant; and
2. The information supplied in this application is truthful and accurate to the best of my knowledge; and
3. I am of good character and reputation; and
4. There is no other information I am aware of that affects my ability to maintain an appropriate degree of impartiality and independence in carrying out the functions and activities for which I have applied to be recognised.

Name		Job Title	
Signature		Date	

Section 7. Recognised Agency Statement

To be completed by the Recognised Agency recommending the applicant for recognition

I confirm that the person applying for recognition under section 73 of the Wine Act 2003 meets the requirements of Part 9 of the Wine Regulations 2021 and any relevant supplementary notices. This recognised agency has completed a thorough assessment of the competency of this applicant to perform functions in accordance with the documented procedures and I am satisfied that this person should be recognised for the functions and/or activities listed above.

Name		Job Title	
Signature		Date	

Section 8. MPI Service Charge**ON PAYMENT THIS BECOMES A TAX INVOICE GST No: 64-558-838**

Type	Threshold	Fee (incl.GST)
<input type="checkbox"/> New	135 Minutes	\$194.06
<input type="checkbox"/> Renewal/Amendment	30 Minutes	\$77.63

Note: The threshold fee listed covers the time a standard application is expected to take. An additional assessment charge of \$155.25 incl GST per hour will be applied when applications take longer than allowed for in the regulations.

PAYMENT OPTIONS: Payments comprising multiple fees must be supported by a remittance advice. Please attach your advice to this application or send it separately to: approvals@mpi.govt.nz

MPI does not accept cash. Payment must be made using the following method. Please tick and fill in the appropriate section.

- ☐ **CREDIT CARD:**
- To pay by credit card go to <https://www.mpi.govt.nz/food-safety/payments> and follow the instructions.
- ☐ I have attached my credit card payment receipt

- ☐ **DIRECT CREDIT:**
- Pay into Bank Account no. **03 0049 0001709 002**
 - In the 'Reference' details, put the code: **WINE RP** an also include either **Name/ ID / NZBN** Enter the date of deposit and your name (payer) on this form below:

Date of Payment		Your Name (Payer)	
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Section 9. Final Checklist

Have you:

- ☐ filled this form in completely?
- ☐ provided required documentation?
- ☐ read and signed the Applicant Statements?
- ☐ included payment confirmation?

Collection of Information

Collection of Personal Information

Pursuant to Principle 3 of the Privacy Act 2020, we advise that:

- This information is being collected for the purpose of recognising a person under the Wine Act 2003; and
- The recipient of this information, which is the agency that will collect and hold the information, is the Ministry for Primary Industries, PO Box 2526, Wellington 6140; and
- Some of the information collected will be displayed on a public register; and
- The collection of information is authorised under section 77 of the Wine Act 2003. The provision of this information is necessary in order to process an application for recognition; and
- The supply of this information is voluntary; however, failure to provide the requested information is likely to result in a return of this application form to the applicant, and may ultimately result in a refusal to recognise in accordance with section 79 of the Wine Act 2003; and
- Under Principles 6 and 7 of the Privacy Act 2020, you have the right of access to, and correction of, any personal information that you have provided.

Collection of Official Information

All information provided to the Ministry for Primary Industries is official information and may be subject to a request made under the Official Information Act 1982.

If a request is made under that Act for information you have provided in this application, the Ministry for Primary Industries will consider any such request, taking into account its obligations under the Official Information Act 1982 and any other applicable legislation.

Section 1: Approved Agency to complete (For more information please see the [Guide to Completing the Consent Form](http://www.police.govt.nz/advice/businesses-and-organisations/vetting/forms-and-guides) - <http://www.police.govt.nz/advice/businesses-and-organisations/vetting/forms-and-guides>)

Name of Approved Agency submitting vetting request:

Name of Applicant to be vetted:

Description of Applicant's role:

Applicant's purpose

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Employee | <input type="checkbox"/> Contractor/Consultant | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Prosecution |
| <input type="checkbox"/> Vocational Training | <input type="checkbox"/> Licence/Registration | <input type="checkbox"/> Visa/Work Permit | <input type="checkbox"/> Other |

What group(s) will the applicant have contact with in their role for your agency?

- | | | | |
|---|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Children/Youth | <input type="checkbox"/> Elderly | <input type="checkbox"/> Other Vulnerable Adults | <input type="checkbox"/> Other |
|---|----------------------------------|--|--------------------------------|

What is the applicant's primary role for your agency?

- | | | | | |
|--|---|-------------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Caregiving (Children) | <input type="checkbox"/> Caregiving (Vulnerable adults) | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Education | <input type="checkbox"/> Other |
|--|---|-------------------------------------|------------------------------------|--------------------------------|

Will the role take place in the applicant's home?

- ☐ Yes ☐ No

Will the applicant be a volunteer or paid for their role?

- ☐ Paid ☐ Volunteer

Is this request mandatory under the Children's Act 2014 (CA)?

- ☐ Yes: Core childrens worker ☐ Yes: Non-core childrens worker
- ☐ No (mandatory under other legislation/optional/standard Police Vet)

If this is a mandatory Children's Act request, please specify the check reason below:

- ☐ New Children's Worker ☐ Existing Children's Worker ☐ CA Renewal

Evidence of Identity (to be completed by agency representative/delegate or identity referee - see [guide](#) for details)

- | | |
|---|---|
| <input type="checkbox"/> A primary ID has been sighted (Mandatory) | <input type="checkbox"/> A secondary ID has been sighted (Mandatory) |
| <input type="checkbox"/> One form of ID is photographic (Mandatory) | <input type="checkbox"/> Evidence of name change has been sighted (if applicable) |

OR: If your organisation is able to accept a verified RealMe identity then:

- ☐ An assertion of a RealMe identity has been received (see [guide](#) for further information).

In making this request, I confirm that:

- ✓ I have complied and will comply with the [Approved Agency Agreement](#)
- ✓ I am satisfied with the correctness of the applicant's identity
- ✓ I have obtained the Applicant's authorisation to submit this vetting request as set out in section 3 of this form

Approved Agency Authorised Representative:

Name: _____ Date: _____

Signature: _____ Electronic Signature ☐

Name of Approved Agency submitting vetting request:

Section 2: Applicant to complete and return to Approved Agency

**Denotes a mandatory field*

Personal Information

Details (note: the name you are most commonly known by is your primary name)

*Family name (Primary):

Given name(s):

*Gender: (M) (F) (Other)
☐ ☐ ☐

*Date of birth:
(dd/mm/yyyy)

Place of birth:
(Town/City/State)

*Country of birth

NZ Driver Licence number:

Previous names: If applicable, please include other alias or alternate names; married name if not your primary name; previous/maiden/name changed by deed poll or statutory declaration.

Family name

First name

Middle names

Permanent Residential Address

*Number/Street:

Suburb:

Post Code:

*City/Town/
Rural District:

Section 3: Applicant to complete and return to Approved Agency

Consent to release information

1. The New Zealand Police may release **any** information they hold if relevant to the purpose of this vetting request. This includes:
 - Conviction histories and infringement/demerit reports
 - Active investigations, charges and warrants to arrest
 - Charges that did not result in a conviction including those that were acquitted, discharged without conviction, diverted or withdrawn
 - **Any** interaction I have had with New Zealand Police considered relevant to the role being vetted, including investigations that did not result in prosecution
 - Information regarding family violence where I was the victim, offender or witness to an incident or offence, primarily in cases where the role being vetted takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
 - Information subject to name suppression where that information is necessary to the purpose of the vet
2. If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released **unless**:
 - a. Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime)
 - b. Section 31(3) of the Children's Act 2014 applies to this request (safety checks of core children's workers).
 - c. The vetting request is made by an individual for the purpose of an overseas Visa/Work Permit as a Privacy Act request authorising the vetting result to be provided directly to the relevant embassy, high commission or consulate.

Please see the [guide](#) for more information regarding the Clean Slate legislation.

3. The Police Vetting Service may disclose newly-obtained relevant information to the Approved Agency after the completion of the Police Vet in the following circumstances:
 - The disclosure of the newly-obtained information is considered to be justified under the Privacy Act 1993 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
 - The Police Vetting Service has taken steps to confirm that the purpose of the Police vet still exists – e.g. that I got the role which required a Police vet and am still employed or engaged in it.

The Vetting Service will endeavour to notify you prior to the disclosure.

4. Information provided in this consent form may be used to update New Zealand Police records.
5. I am entitled to a copy of the vetting result released to the Approved Agency (to be provided by the agency) and can seek a correction by contacting the Vetting Service.
6. The Approved Agency will securely dispose of this consent form, copies of identification documents and the vetting result within 12 months of receiving the result unless a longer retention period is required by legislation.
7. I may withdraw this consent, prior to Police's disclosure of the vetting result, by notifying the Approved Agency.

For further information, please see the [Guide to Completing the Consent Form](#).

Applicant's Authorisation:

- ✓ I confirm that the information I have provided in this form relates to me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand Police to disclose any personal information it considers relevant to my application (as described above) to the Approved Agency making this request for the purpose of assessing my suitability at any time.

Name: _____

Date: _____

Signature: _____

Electronic
Signature

