

# Core Worker Exemption Verification Enquiry

## About this form

This form is to be completed by employers and/or educational/vocational training institutes requesting confirmation of whether an individual (who is or may be employed or engaged as a core worker) holds a Core Worker Exemption.

**Please complete all sections in full using BLOCK CAPITALS.  
Incomplete forms may be returned for completion.**

## Details of Employer

1

Mr  Mrs  Ms  Miss Other

First and middle names

Surname or family name

Job Title

Name of organisation/institute

Address of organisation/institute:

Number  Street name

Suburb

Town/City

Country  Post code

### Contact Details

Daytime phone number

Mobile phone

Email

### Nature of relationship between the organisation and the individual (tick one)

Current employee  Potential employee

Current student  Potential student

Other (please describe below)

Signature

Date

Day Month Year

Please attach proof of this relationship (eg contract, proof of study, application to study etc)

## Details of individual to be checked against the Core Worker Exemption Register

2

Mr  Mrs  Ms  Miss Other

First and middle names

Surname or family name

Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

### Contact Details

Daytime phone number  Mobile phone

Email

### Address

Number  Street name

Suburb

Town/City

Country  Post Code

Note: If the individual cannot sign in person, please arrange a confirmation email from their personal account to be included with the application form as consent.

### Consent and signature of individual being checked against the Core Worker Exemption Register

I

(First name, Last name)

agree that the Ministry of Social Development can advise

of my Core Worker Exemption status, including any conditions.

I understand that the Ministry of Social Development will notify my employer if my Core Worker Exemption is revoked or if conditions are added, removed or amended.

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

## Proof of Identity for the requesting party and the individual to be checked against the Core Worker Exemption Register

3

Please attach a clear photocopy or scan of your identification and a clear photocopy or scan of the identification of the individual to be checked against the Core Worker Exemption Register. In both cases, the signature must be visible.

For each individual, this can be any one of the following:

- New Zealand Driver Licence – can be current or expired within the last two years, but cannot be cancelled, defaced or a temporary licence.
- New Zealand Passport – can be current or expired within the last two years, but cannot be cancelled, or defaced.
- Overseas Passports – must be current and cannot be expired, cancelled or defaced.
- New Zealand Firearms Licence – must be current and cannot be expired or defaced.

If you cannot supply any of the above forms of identification, please ask someone who can confirm your identity to fill in Section 4.

## Proof of Identity

4

This section may apply to both the person requesting the information and the individual to be checked against the Core Worker Exemption Register – please attach an additional Section 4 if required.

Use this section ONLY if you cannot supply a New Zealand Driver Licence, passport or firearms licence to support your application.

Please ask someone who can confirm your identity to fill in this section. If you are unable to get someone to confirm your identity, you will need to make an identification statutory declaration. This can be carried out at your local District Court.

The person confirming your identity must:

- have known you for more than 12 months
- be aged 18 years or over
- have a daytime telephone number and be contactable during normal business hours
- not be a relative (a relative is a person connected by blood or marriage), and
- not live at the same address.

**Witness to complete**

Mr  Mrs  Ms  Miss Other

First and middle names

Surname or family name

Flat/House number  Street name

Suburb

Town/City

Country  Post Code

Home phone

Mobile phone

Email

I declare that I have personally known the person listed below for  years and can confirm their identity

Mr  Mrs  Ms  Miss Other

First and middle names

Surname or family name

Signature of the Witness