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| **Authority to Verify Academic Qualifications** (if applicable) |

As part of our pre-employment screening we require your authorisation to confirm any tertiary academic qualifications. Please do not complete this form unless you have post-secondary school level qualifications. Please list these qualifications in the table below, and complete the authorisation portion of this form. Any offer of employment will be subject to verification of these qualifications.

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| **Name of award/qualification** | **Name of institution** | **Date conferred** |
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| We need to check this record under the name you were using at the time your qualification was conferred. If you have since changed your name, please give your previous name. | | |  |  |  |  |
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| NB: If any of these qualifications have been conferred by an overseas institution, have you had your qualifications evaluated by the Qualifications Evaluation Service? | | | Yes |  | No |  |
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| **For overseas qualifications only:**  If you have not had your qualifications evaluated by the Qualifications Recognition Services of the New Zealand Qualifications Authority, you may be required to do so before any offer of employment can be confirmed. The Health Quality & Safety Commission will then obtain evidence of this evaluation from the Qualifications Recognition Services.  **Full details of the Qualifications Recognition Services are available on the NZQA website:**  <http://www.nzqa.govt.nz/qualifications-standards/international-qualifications/>  **Or contact:**  Email: [QRS@nzqa.govt.nz](mailto:QRS@nzqa.govt.nz)  Freephone in NZ: 0800 697 296  Phone: +64 (4) 463 3000 |

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| **Candidate authorisation**  I, (print full name) authorise the Health Quality & Safety Commission and its duly authorised agents to collect, disclose and retain personal information about me in relation to my academic record with the above educational institution(s). | | | |
| **Signature** |  | **Date** |  |