

# Limited Service Volunteer application form



MINISTRY OF SOCIAL DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

The Limited Service Volunteer (LSV) programme is a voluntary six-week motivational training programme run by the New Zealand Defence Force (NZDF).

Once you've filled in this form, you'll need to take it to one of our service centres with the following documents:

- proof of who you are
- the completed Police vetting form on pages 7 and 8 (NZDF will check your criminal history as part of their security check)
- the medical certificate that's been filled in by your health practitioner (eg your doctor or nurse practitioner). This is on pages 9-14.

If you've had a benefit or extra financial help from us before, write your client number here if you know it. This number can be found on your Community Services Card if you have one.

**Client number**    |    |

What is your Community Services Card number and expiry date?

|     |     |

## Tell us about yourself

1

### What is your full name?

First and middle names

Surname or family name

#### ATTACHMENT FOR Q1:

Bring proof of your identity.

2

### Is the name on your birth certificate the same as above?

 No

↓ **Tell us the name that is on your birth certificate**

 Yes

First and middle names

Surname or family name

#### HOW TO ANSWER Q3:

For example, have you had married names, English names, changes by deed poll, or aliases?

3

### Have you ever been known by any other name?

 No Yes

↓ **Write them all out below**

1.

2.

4

### What date were you born?

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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#### INFORMATION FOR Q5:

NZDF need this information in case any accommodations need to be made.

5

### Are you:

 Male Female Gender diverse

## Tell us your ethnicity

6

**INFORMATION FOR Q6:**  
We collect this information for statistics we use in research and future development work.

### Tick the group(s) you most identify with.

Māori → **Which tribe(s) or iwi?**

New Zealand European
  Niuean
  Samoan
  Indian

Other European
  Tokelauan
  Tongan
  Chinese

Cook Island Māori
  Other ↓ **Please write below**
 Don't want to answer

## Tell us how we can contact you

7

**HOW TO ANSWER Q7:**  
If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

### Where do you live?

Flat/House number Street name

Suburb

Town/City

**HOW TO ANSWER Q8:**  
Mailing address can include a PO Box, rural delivery details, or C/O address.

8

### Is your mailing address different from where you live?

No
  Yes
 ↓ **Tell us your mailing address**

9

### How else can we contact you?

Please provide at least one of the following

Tick the best way for us to contact you

Home phone	( )	
Mobile phone	( )	
Other phone	( )	
Email		

## Your emergency contact

10

**HOW TO ANSWER Q10:**  
Your emergency contact could be a parent, grandparent or extended family member.

### Who would you like us to contact if there is an emergency while you are on the course?

First and middle names  Surname or family name

Relationship to you

Tick the best way for us to contact them

Home phone	( )	
Mobile phone	( )	
Other phone	( )	
Email		

**HOW TO ANSWER Q11:**

If they live in a rural area, flat/house number could include their RAPID number, fire number, emergency services number.

11

**Where do they live?**

Flat/House number Street name

Suburb

Town/City

**Reason for applying**

12

**Why do you want to take part in an LSV programme?**

  
  

**INFORMATION FOR Q12:**

We want to make sure LSV is the right programme for you.

**Special food needs**

13

**Do you have any special food or dietary needs?**

No  Yes

**↓ Please provide details below**

Dairy free  Food allergies/intolerances

Vegetarian  Coeliac/Gluten free

Other **↓ Please provide details below**

  

**Court appearances**

14

Answering 'Yes' to questions 14–17 will not necessarily stop you from attending LSV.

**INFORMATION FOR Q14:**

If you have a court appearance in the next six months, you may still be able to take part in LSV. It depends on the charge.

**Do you have to appear in court in the next six months?**

No  Yes

**↓ What is your appearance date?**

Day Month Year

I don't have a date yet.

15

**Have you ever appeared before any court on any charge?**

No  Yes

**↓ Please provide details below**

  

16

**Have you ever been given Diversion for committing a crime?**

No  Yes

17

**Are you currently serving any court imposed sentence or order?**

No  Yes

**↓ Please provide details below**



# How we protect your privacy



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## Collecting your information

**We collect your personal information, so we can provide income support, NZ Super or Veteran's Pension, Student Allowance, or Loans and connect you with employment, education and housing services. We do this under various Acts, which are all listed on our website at [workandincome.govt.nz/privacy](https://workandincome.govt.nz/privacy)**

- To help us do this, we collect information about your identity, your relevant history, and your eligibility for our services.
- We get this information directly from you, and we sometimes collect information about you from others, including other government agencies.
- You can choose not to give us your personal information, but we might not be able to help you if you don't.

## Using your information

**We use the information you give us to make decisions about the best way to help you.**

- These decisions may be about:
  - whether you're eligible for our services
  - running our operations and ensuring our services are effective
  - the services we'll provide in the future.

## Sharing your information

**Sometimes, we need to share your information outside our Ministry to reach our goal of helping New Zealanders to be safe, strong, and independent.**

- To do this, we may share your information with:
  - prospective employers to help you find work
  - contracted service providers that help us to help you
  - health providers if we need your medical information to assess your eligibility
  - other government agencies when we have an agreement with them
  - some other governments if you may be eligible to get or are getting an overseas pension.
- We also share personal information when the law says we have to.

## Respecting you and your information

**We make sure we follow the Privacy Act to do what's right when we use your information.**

- We treat you and your information with respect, by acting responsibly and being ethical.
- We make sure any technology we use meets strict security standards so it keeps your information safe.

## Get in touch if you have a question

**You have a right to ask to see your personal information, and to ask for it to be corrected if it's wrong.**

- If you have a question or a complaint, please get in touch.
- You can find full details about what we do with personal information in our privacy notice at: [workandincome.govt.nz/privacy](https://workandincome.govt.nz/privacy)

# Signature page

There are some things you need to agree to so you (and others) stay safe and healthy, and are looked after while you're on the LSV programme.

Please make sure you read and understand the information below, before you sign this application.

## Medical certificate and Police Vetting forms

**A medical certificate and Police Vetting form need to be completed as part of your application.**

- You'll need to make an appointment with your doctor or nurse practitioner so they can complete the medical certificate that goes with this application.
- The information gathered on the medical certificate is needed so you (and others) can stay safe while you're on the LSV programme.
- Once the medical certificate is returned to us we'll share it with NZDF personnel so they can provide health support during the LSV programme.
- The LSV medical certificate will be stored on your MSD record for six months and then deleted.
- Once you've completed the Police Vetting form, MSD will send it with the rest of your application to NZDF who will forward it to NZ Police.

## If you're accepted

**If you're accepted onto the LSV programme, you'll need to:**

- follow all instructions for NZDF personnel
- treat other LSV trainees and NZDF personnel with care and respect
- tell MSD if you have any changes to any upcoming court dates (or new dates) **before** you start the course.

If you don't do these things you may be asked to leave the LSV programme early.

## Signature

- The information I've given you is true and complete.
- I understand the things I need to do if I'm accepted on the LSV programme.
- I understand what you do with my personal information and how you protect my privacy.
- I understand what you do with the LSV Medical Certificate and Police Vetting forms.

Applicant's name (print)

Applicant's signature

Day

Month

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Completing this form doesn't guarantee acceptance on an LSV programme. You'll be notified if you've been accepted.

## Next steps

1. Make an appointment with your health practitioner to have the medical certificate on pages 9-14 completed.
2. Return your medical certificate to MSD or your Youth Service Provider if you have one assigned. It's best to take it to the office where you completed the first part of the LSV application.





# Vetting Service

## Request and Consent Form for Limited Service Volunteer applicants

**Primary name**

The name you are most commonly known by is your primary name

First and middle names

Surname or family name

**Date of birth**

Day      Month      Year

**Place of birth**

Town/city/state

Country

**Gender**

Male       Female       Gender diverse

**NZ driver licence number:**

I do not have a driver licence

**Other names**

Please include other names you have used and mark them A, M, or P:

- (A) alias or alternate name(s)
- (M) married name if not primary name
- (P) previous/maiden/name changed by deed poll or statutory declaration

First and middle name(s)	Surname or family name	A, M or P
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
First and middle name(s)	Surname or family name	A, M or P
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
First and middle name(s)	Surname or family name	A, M or P
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
First and middle name(s)	Surname or family name	A, M or P
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
First and middle name(s)	Surname or family name	A, M or P
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
First and middle name(s)	Surname or family name	A, M or P
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

**Permanent New Zealand residential address**

Flat/House number      Street name

    

Suburb      Town/City

## Consent to disclosure (for a New Zealand Police Vetting Check)

For further information, go to [www.police.govt.nz/advice/businesses-and-organisations/vetting](http://www.police.govt.nz/advice/businesses-and-organisations/vetting)

- 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
- If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released unless:
  - Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime)
  - Section 31(3) of the Children's Act 2014 applies to this request (safety checks of core children's workers).
  - 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.
- 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.
- Information provided in this consent form may be used to update New Zealand Police records.
- 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.
- 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.
- I may withdraw this consent, prior to Police's disclosure of the vetting result, by notifying the Approved Agency.

For further information, the Guide to Completing the Consent Form can be found on the the Police website [police.govt.nz](http://police.govt.nz).

### 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.

Applicant's name (print)

Applicant's signature

Day

Month

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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# Limited Service Volunteer medical certificate

Health practitioner to complete



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## Information for the health practitioner

The person named on this form is applying for a place on a Limited Service Volunteer programme..

The **Limited Service Volunteer** (LSV) programme is a voluntary residential training programme run by the New Zealand Defence Force. It can be both a physical and emotional challenge for participants. Each programme runs for six weeks and activities include running, abseiling, high ropes, sports and tramping.

Before going on a LSV programme, the person needs to pass a medical examination. This is to make sure they stay safe, healthy and are well looked after during the programme. A person will only be accepted after this form is completed and recommends they may take part.

If the person has a medical condition, they may still be able to take part.

If the person isn't well enough to take part, you should not recommend they are accepted on the LSV programme.

Please complete the medical certificate in full. For safety reasons, it's important to include all medical information.

**This medical certificate can be used for six months from the date it's completed. It must be valid for the duration of the course.**

### Once completed:

- give the complete form back to the client
- take a copy of the medical forms for your records.

### Payment for the Examination

There is no set fee for the examination, however it is expected that it will be completed within one appointment and the fee will be \$120 – \$200 (including GST).

The tax invoice for the examination needs to be made out to Work and Income, then posted to the address for your region (address below).

To ensure prompt payment of your invoice:

1. Make the invoice out to Work and Income
2. Please ensure it contains the following details:
  - 'Tax Invoice' clearly displayed
  - GST Number
  - a statement that the cost is 'GST inclusive'
  - the patient's name and date of birth
  - the words 'LSV' to identify the service provided
  - date of the medical examination
  - your name and address.
3. Post the invoice to the address below, closest to your region

LSV Coordinator  
Ministry of Social Development  
Auckland Regional Office  
Private Bag 68-911  
Newton  
Auckland 1145

LSV Coordinator  
Ministry of Social Development  
PO Box 40 267  
Upper Hutt 5140

LSV Coordinator  
Ministry of Social Development  
PO Box 249  
Christchurch 8140

## Applicant's details

1

Client number

 |  | 

2

What is the applicant's name?

First names

Surname or family name

3

What is the applicant's date of birth?

Day Month Year

## Applicant's medical history

4

Has the applicant had any of the following?

Item No.		No	Yes
1.	Asthma		
2.	Epilepsy		
3.	Mental illness (eg depression, anxiety, phobia, eating disorders, substance abuse or other)		
4.	Suicidal thoughts /attempts or self harming behaviours (eg cutting, burning)		
5.	Any or a history of any behavioural issues (eg ADHD/ADD)		
6.	Learning difficulties (eg dyslexia)		
7.	Recent traumatic experiences or death of a relative or friend in the past 12 months		
8.	Food allergies		
9.	Allergy (eg stings, medicine)		
10.	Heart conditions (please seek approval from specialist if currently under their care)		
11.	High blood pressure		
12.	Fainting attacks, blackouts		
13.	Migraine		
14.	Diabetes (HbA1c8.0 < in last 3 months is required)		
15.	Hepatitis, HIV or AIDS related condition		
16.	Head injury, concussion, unconsciousness		
17.	Backache, spinal injury, disc trouble		
18.	Any knee, ankle or joint injury		
19.	Any other serious illness, injury, operation or condition		
20.	Currently pregnant		
21.	Current medications taken		
22.	Disability (intellectual, physical)		

**ITEM 1:**

If 'Yes' complete Asthma section on page 13.

**ITEM 2:**

If 'Yes' provide letter outlining history.

**ITEMS 3, 4 AND 5**

Please complete mental illness and behavioural additional information section on page 11.

5

If 'Yes' has been answered to any of the items in the table, please provide details including dates, severity, sensitivity and last reaction below.

## Medical examination

6

Please tick the appropriate boxes in relation to the applicant.

Cardiovascular system

Normal  Abnormal

Blood pressure

Resting heart rate

 / 


Current mental state

Stable  Unstable

Hearing

Stable  Unstable

Central nervous system

Stable  Unstable

Abdomen

Stable  Unstable

Locomotor system

Stable  Unstable

Respiratory system

Stable  Unstable

Vision

Stable  Unstable

BMI

Height

 cm

Weight

 kg

7

What was the date of the applicant's last tetanus booster? (Please give a booster if required)

Day Month Year

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## Mental illness and behavioural additional information

**Only answer this question if the applicant answered 'Yes' to 3, 4 or 5 in the Medical History Table.**

At LSV people are asked to go outside their comfort zone, mentally and physically, and at times the programme can be very demanding. The aim is to ensure that individuals who start the programme are mentally fit and will be capable of attending and completing the programme safely. For this reason we ask for more information to support the application of anyone who has a history of depression, attempted suicide or mental illness.

**This information must be from a medical professional or specialist who has worked with the individual.**

8

What is/was the condition?


9

What are/were the circumstances and/or what precipitates the condition


10

How long did it last? Please include dates

	From	To
	/ /	/ /
	/ /	/ /
	/ /	/ /

11

What were the most recent symptoms of the condition? Please include dates.

	From	To
	/ /	/ /
	/ /	/ /
	/ /	/ /

12

How does the condition manifest when the individual is/was under stress?


13

How is/was the condition treated?


14

What were the most recent symptoms of the condition? Please include dates.

Medication	Dosage	Date commenced	Date discontinued (if relevant)
		/ /	/ /
		/ /	/ /
		/ /	/ /

15

What is the current status?


16

Has this person ever been suicidal, attempted suicide or self-harmed?

No  Yes



Please provide details below, including dates and current state and possible triggers


17

Has this person displayed aggressive or violent behaviour?

No  Yes



Please provide details below, including dates and current state and possible triggers


## Asthma information

**Only answer this question if the applicant answered 'Yes' to the Medical History Question.**

It is important to note that there is a wide range of conditions that individuals at LSV will be exposed to that could trigger asthma, these include; vigorous exercise, warm/cold weather, damp weather and allergens. Asthma needs to be well controlled, not only for an individual's safety, but also so they can participate fully in their course.

**18 What year was asthma diagnosed?**

**19 What is the frequency of exacerbations?**

**20 What are the triggers?**

  


**21 How many times has emergency room treatment been required in the last two years?**

**22 Date of last attack requiring emergency room treatment**

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

**23 Dates of last attack requiring hospitalisation**

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

**24 Peak flow readings**

Best peak flow	Expected peak flow	Current peak flow
<input type="text"/>	<input type="text"/>	<input type="text"/>

**25 Asthma medication**

	Medication	Dosage	Frequency	Last used
Reliever	<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /
Preventer	<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /
Other (eg prednisone)	<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /

26

Are you the applicant's regular health practitioner?

No



Who is the applicant's regular health practitioner?

Yes

Health practitioner's name

Practice name

27

How long have you known the applicant?

28

What is the patient's NHI number?

29

I have examined the applicant and believe that they are mentally

Fit

Not fit

to undertake strenuous physical activity and mental stress on a daily basis.

30

Tax invoice sent to

Auckland

Upper Hutt

Christchurch

31

Please print your details below.

HPI number

Health practitioner's full name

Practice name and address

  

Telephone number

Health practitioner's signature

Day

Month

Year

This information is required under the Social Security Act 2018.

**Privacy Act:** The person has been advised and understands that this information is required for benefit assessment purposes.