

Privacy Act 1993: The particulars in this form which relate to individuals are personal information under the Privacy Act. This information is required so that the Department of Internal Affairs can consider the Certificate of Approval application under the Gambling Act 2003.

The information will be held by the Department of Internal Affairs and may also be disclosed to the New Zealand Police and other agencies subject to the Criminal Records (Clean Slate) Act 2004. Any person about whom information is collected has the right of access to, and correction of, that information.

Please complete this form, enclose your licence fee and all other required documentation then return the application to the Department of Internal Affairs. Please keep a copy for your records.

The Certificate of Approval non-refundable licence fee is \$335.28 (GST incl).

If this application is incomplete or illegible it will be returned to you without being processed.

If there is nothing to disclose in reply to a particular question - answer "NIL". If space for any answer is insufficient please continue on a separate sheet. **Please write clearly in English.**

Who needs a Certificate of Approval?

You will need to apply for a Certificate of Approval to work in any casino in New Zealand if you are applying for any job that involves:

- conducting approved games
- counting money or chips derived from or used in gambling
- moving money or chips derived from or used in gambling
- buying or redeeming chips
- operating, maintaining, constructing, or repairing gambling equipment
- supervising or managing any of the activities described above.

While it is not a prerequisite to have been offered employment in a New Zealand casino prior to submitting your application, it is suggested that you contact the casino of your choice about employment prospects. After 12 months of not working in a New Zealand casino your Certificate of Approval will lapse.

Criteria

In assessing an Application for a Certificate of Approval the Department of Internal Affairs considers:

- the character and reputation of the applicant
- any relevant convictions recorded against the applicant
- any relevant matters raised in the Police Report on the application
- the financial position of the applicant.

The Department will also investigate and inquire into matters of a similar nature that occurred outside New Zealand.

Overseas Applicants

To make arrangements to lodge your application, please contact the Licensing Unit, Gambling Compliance Group, Department of Internal Affairs, PO Box 10-095, Wellington 6143, New Zealand or telephone +64 4 494 0700 or toll free on 0800 257 887.

Lodging an Application

You are required to lodge your application in person with the Department of Internal Affairs. To arrange an appointment contact the Personnel Officer at the casino where you are intending to work. If you have yet to find employment contact the Licensing Unit, Gambling Compliance Group.

At your appointment, an Authorised Person of the Department will work through your application with you and ensure that it has been completed correctly. All original and certified documents submitted with your application will then be returned to you. The Authorised Person will also arrange for your finger prints to be taken. All copies of finger prints are destroyed immediately after the Department has decided if a Certificate of Approval is to be granted.

You must inform the Licensing Unit, Gambling Compliance Group if your contact details change while your application is under consideration. Applicants who change phone number or address must advise the Department. We may need to contact you during the course of our enquiries.

Please advise the Licensing Unit, Gambling Compliance Group of any change to your personal details (e.g. a name change), or if any other circumstances change, including a decision to withdraw your application.

Restrictions on Holder of Certificate of Approval

The Gambling Act 2003 prohibits Certificate of Approval holders (in relation to a casino in which he or she is employed, or associated with) to gamble or solicit tips, gratuities, or other benefits from a player or customer. Failure to comply with this may make you liable to a conviction and a \$5,000 fine.

Notes

1. Personal Details

This section asks for essential personal information necessary to identify you as an individual.

'Other names by which you are, or have been known'

This requires you to disclose any names you have used or are using, such as maiden names, family or cultural names, and any aliases. Please supply evidence of name changes e.g. Deed Poll, Adoption papers, and/or Marriage Certificates. **All documents submitted must be originals or certified copies, not extracts or photocopies.**

'Physical description'

This information is required to provide a complete physical description of you as an individual and is standard in Police descriptions used world wide to locate people. Applicants are also required to have their fingerprints taken. The Department may decline to grant an application if an applicant refuses to have their fingerprints taken. The Gambling Act requires that all copies of your fingerprints are destroyed immediately after your application has been decided.

'Height and Weight'

Height should be recorded in metres and weight in kilograms.

A. PERSONAL DETAILS

This section asks for essential personal information necessary to identify you as an individual.

A. Personal Details

Title *please tick* Mr Mrs Miss Ms Other Gender Male Female

Family / Surname _____ First names _____

Preferred name _____

A.1. Other names by which you are, or have been known

This requires you to disclose any names you have used or are using, such as maiden names, family or cultural names, and any aliases. Please supply evidence of name changes e.g. Deed Poll, Adoption papers, and or Marriage Certificates. **All documents submitted must be originals or certified copies, not extracts or photocopies.**

A.1. Other names by which you are, or have been known

Family / Surname _____ First names _____

Family / Surname _____ First names _____

Family / Surname _____ First names _____

A.2. Date and place of birth

Date of birth _____

Town/city of birth _____ Country of birth _____



Please attach all relevant documents

A.3. Physical description

This information is required to provide a complete physical description of you as an individual and is standard in Police descriptions used world wide to locate people. Applicants are required to have their fingerprints taken. The Department may decline to grant an application if an applicant refuses to have their fingerprints taken. The Gambling Act requires that all copies of your fingerprints are destroyed immediately after your application has been decided.

Height should be recorded in metres and weight in kilograms.

A.3. Physical Description

Colour of eyes _____ Colour of hair _____

Height _____ m _____ cm Weight _____ kg

Complexion *tick one* Fair Dark Olive

Any distinguishing features such as scars, tattoos, birth marks, burns or moles

B. Contact details

Daytime phone () Evening phone ()

Fax () Mobile ()

Email Web address

Residential address
Not PO Box number

Suburb Town/city

Postal address
if different from above

Suburb Town/city

Preferred Contact *please tick* Daytime phone Evening phone Fax Mobile Email

C. IDENTIFICATION

You must provide **TWO** forms of identification at the time you lodge your application. One of them must be your:

- Current New Zealand Passport or International Passport stamped with relevant visa
- Full Birth Certificate
- New Zealand Refugee Document
- Citizenship Certificate

The other may be a driver's licence, credit card with digitally imprinted photo or similar form of photo identification.

In the event that your name has been changed please provide one of the following documents; Marriage Certificate, Civil Union Certificate, Statutory Name Change Declaration (Deed Poll).

All documents submitted must be originals or certified copies, not extracts or photocopies.

In New Zealand, passports (NZ) and evidence of citizenship by grant (NZ) are available from:

- Identity Services, PO Box 10 526, Wellington, telephone 0800 22 50 50
- New Zealand embassies (if you are a new Zealand citizen applying from overseas)
- Embassies or high commissions (if you are not a New Zealand citizen)

Certified copies of New Zealand birth certificates are available from Births, Deaths and Marriages, PO Box 31 115, Lower Hutt, telephone 0800 22 52 52.

C.1. Passport

Please complete the details below for all the passports you hold.

Passport Number _____

Country held for _____ Issued at _____

Date of issue _____ Date of expiry _____

Passport Number _____

Country held for _____ Issued at _____

Date of issue _____ Date of expiry _____

C.2. Full Birth Certificate

Certificate Number _____ Date of issue _____
 Issued at _____ Country _____

C.3. Refugee Document

Document Number _____
 Issued at _____ Country _____
 Date of issue _____ Date of expiry _____

C.4. Citizenship Certificate

Certificate Number _____ Date of issue _____
 Issued at _____ Country _____

C.5. Second form of identification

please tick Driver's licence Bank card Other

Number/details _____

Issue date (if applicable) _____

Expiry date _____

C.6. National ID/Social Security Numbers

This question is only applicable to applicants from countries that use ID numbers (e.g. USA). New Zealand does not use national ID numbers, Inland Revenue numbers are not required.

C.6. National ID number or Social Security number *complete only if applicable*

National ID number _____ Social Security number _____

Country of issue _____

D. MARITAL STATUS

The information that you provide is used to direct further enquiries and to assess your suitability. For the purposes of this question, disclose information as fully as possible on your present and former spouses, de facto and civil union.

Your spouses or partners will not be contacted in relation to enquiries by the Department or the New Zealand Police. The information will be kept secure as provided by the Privacy Act 2003. The Department will not hold any information on your spouses/partners except that which you provide on this form.

D. Marital Status

D.1. Current marital status

please tick

Married	<input type="checkbox"/>	Never married	<input type="checkbox"/>	Civil union	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
Separated	<input type="checkbox"/>	De Facto	<input type="checkbox"/>	Divorced	<input type="checkbox"/>		

D.2. Full Name of Spouse

Title *please tick*

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="checkbox"/>	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
----	--------------------------	-----	--------------------------	------	--------------------------	----	--------------------------	-------	--------------------------	--------	------	--------------------------	--------	--------------------------

Family/Surname _____ First names _____

Maiden or other name _____ Date of birth _____

D.3. Full Name of Former Spouses/partners *complete only if applicable*

Title *please tick*

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="checkbox"/>	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
----	--------------------------	-----	--------------------------	------	--------------------------	----	--------------------------	-------	--------------------------	--------	------	--------------------------	--------	--------------------------

Family/Surname _____ First names _____

Maiden or other name _____ Date of birth _____

Title *please tick*

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="checkbox"/>	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
----	--------------------------	-----	--------------------------	------	--------------------------	----	--------------------------	-------	--------------------------	--------	------	--------------------------	--------	--------------------------

Family/Surname _____

Maiden or other name _____ Date of birth _____

Title *please tick*

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="checkbox"/>	Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
----	--------------------------	-----	--------------------------	------	--------------------------	----	--------------------------	-------	--------------------------	--------	------	--------------------------	--------	--------------------------

Family/Surname _____ First names _____

Maiden or other name _____ Date of birth _____

E. RESIDENCES

List all addresses where you have lived for more than three months during the past three years. Start with your current address. Continue on a separate sheet if necessary.

E. Residences

Residential Address

Number/Street

Suburb

Town/city

Country

From

To

Month

Year

Month

Year

Residential address

Number/street

Suburb

Town/city

Country

From

To

Month

Year

Month

Year

Residential address

Number/street

Suburb

Town/city

Country

From

To

Month

Year

Month

Year

Residential address

Number/street

Suburb

Town/city

Country

From

To

Month

Year

Month

Year

F. Employment

F.1. Have you ever been offered or held a position in a casino in New Zealand?

No Yes Job title _____
 Location _____ Casino _____

F.2. Previous Employment

Please list all previous jobs you have had, and/or business activities in which you have been involved, for the last 10 years. Start with the most recent. Continue on a separate sheet if necessary.

F.2. Previous Employment

Name of employer/
business _____
 From _____ To _____
Month Year Month Year
 City _____ Country _____
 Job title _____

Name of employer/
business _____
 From _____ To _____
Month Year Month Year
 City _____ Country _____
 Job title _____

Name of employer/
business _____
 From _____ To _____
Month Year Month Year
 City _____ Country _____
 Job title _____

Name of employer/
business _____
 From _____ To _____
Month Year Month Year
 City _____ Country _____
 Job title _____

Name of employer/
business

From _____ To _____
Month Year Month Year

City _____ Country _____

Job title _____

Name of employer/
business

From _____ To _____
Month Year Month Year

City _____ Country _____

Job title _____

G. Casino Employment

G.1. Casino Documentation

If you have ever held a document allowing you to work in a casino e.g. a certificate or licence, please give details. If you still have the original copy of the document please attach to this application.

G.1. Casino documentation

Name of document _____ Number _____

Date of issue _____ Country or jurisdiction _____

Name of document _____ Number _____

Date of issue _____ Country or jurisdiction _____



Please attach all relevant documents

G.2. Training

If you have ever undertaken casino training in New Zealand please give details

Training course _____

Casino _____ Date _____
Month Year

Training course _____

Casino _____ Date _____
Month Year

H. Character References

Character Referees may be contacted by the Department or the New Zealand Police during enquiries made in relation to your application. Referees are required to provide information to assess your suitability.

H. Character References

Nominate three persons who have known you personally for a period of at least three years. You must not nominate

- A relative
- Someone living at your home address
- Someone working in a casino
- Someone who is under the age of 18

Title *please tick* Mr Mrs Miss Ms Other

Family/Surname _____ First names _____

Preferred name _____ Occupation _____

Daytime phone () _____ Evening phone () _____

Fax () _____ Mobile () _____

Email _____ Web address _____

Residential address _____

Suburb _____ *Town/city* _____

Postal address _____
if different from above

Suburb _____ *Town/city* _____

Preferred Contact *please tick* Daytime phone Evening phone Mobile

Title *please tick* Mr Mrs Miss Ms Other

Family/Surname _____ First names _____

Preferred name _____ Occupation _____

Daytime phone () _____ Evening phone () _____

Fax () _____ Mobile () _____

Email _____ Web address _____

Residential address _____

Suburb _____ Town/city _____

Postal address
if different from above

Suburb _____ Town/city _____

Preferred Contact
please tick Daytime phone Evening phone Mobile

Title *please tick* Mr Mrs Miss Ms Other

Family/Surname _____ First names _____

Preferred name _____ Occupation _____

Daytime phone () _____ Evening phone () _____

Fax () _____ Mobile () _____

Email _____ Web address _____

Residential address _____

Suburb _____ Town/city _____

Postal address
if different from above

Suburb _____ Town/city _____

Preferred Contact
please tick Daytime phone Evening phone Mobile

I. Personal History

The information sought here is necessary to provide sufficient background material to assess your suitability. If you tick yes to any questions please provide details in the space following section I. Please answer truthfully as false or misleading information may result in the Department declining your application. The information you supply will not necessarily prevent the Department approving your application for a Certificate of Approval.

If you do not have New Zealand citizenship/residency you must attach a 'Police Clearance' Certificate (or equivalent), from the relevant jurisdiction.

If you are a New Zealand citizen/resident and in the past five years have spent six consecutive months or more in any one country other than New Zealand please contact a Gambling Inspector/Authorised Person before submitting your application. You may also be required to provide a Police Clearance Certificate (or equivalent).

I. Personal History

I.1. Have you ever been dismissed or requested to resign from any employment?

No Yes Date _____ Organisation _____

I.2. Have you ever been deported or extradited from any country or been required to leave, or been removed from, any country by any lawful authority?

No Yes Date _____ Country _____

I.3. Have you ever been refused entry to any country?

No Yes Date _____ Country _____

I.4. Have you ever been disciplined in any way during previous involvement with a casino? (Proceedings before the courts are dealt with below.)

No Yes Date _____ Organisation _____

I.5. Have you ever been refused or had cancelled a class 3 or class 4 licence, casino licence or Certificate of Approval under the Gambling Act 2003 or licences issued under previous gambling acts, or any international equivalent?

No Yes Date _____ Licence type _____

I.6. Have you ever been refused, or had cancelled a liquor licence, or any international equivalent?

No Yes Date _____ Licence type _____

I.7. Have you been a member of an executive committee of a group or organisation which has been refused a Gambling or Liquor Licence, or had a Gambling Licence cancelled, for whatever reason, in any country?

No Yes Date _____ Organisation _____ Country _____

I.8. Are you currently being or have you ever been the subject of an investigation or inquiry by the Corporate Fraud Unit, the Security Commission, the Serious Fraud Office, or any other similar body in New Zealand, or elsewhere?

No Yes Date _____ Investigative body _____ Country _____

I.9. Have you ever been disqualified or prohibited from being a director, or taking part in the management of a company in New Zealand or elsewhere?

No Yes Date _____ Company _____ Country _____

I.10. Have you ever been required or asked to resign from any position of trust in any organisation, society or sports club in New Zealand or elsewhere??


No Yes Date _____ Organisation _____ Country _____

I.11. Do you have, or have you ever held, in New Zealand or elsewhere, a financial interest or an investment in a gambling venture such as a book making operation, casino, dog racing, lottery, race horse, racing operation, or race track?

No Yes Date _____ Gambling venture _____ Country _____

I.12. Have you ever been convicted of a criminal offence in any country outside of New Zealand?

No Yes Date _____ Country _____

 If you do not have New Zealand citizenship/residency you must attach a 'Police Clearance' certificate (or equivalent), from the relevant jurisdiction. Please refer to 'Personal History' information at the top of page 11 for more information.

I.13. Have you ever been convicted of a criminal offence in New Zealand (subject to the Criminal Records (Clean Slate) Act 2004)? (For more information on the Criminal Records (Clean Slate) Act 2004 visit www.justice.govt.nz.)

No Yes Date _____

I.14. Have you ever been the subject of court martial proceedings?

No Yes Date _____ Country _____

I.15. Do you know of, or suspect that there are, any criminal proceedings pending against you in any country?

No Yes Date _____ Country _____

I.16. Has any judgement or order in civil court proceedings relating to financial matters ever been made against you in any country?

No Yes Date _____ Country _____

I.17. Do you know of, or suspect that there are, any civil court proceedings relating to financial matters pending against you in any country (excluding family proceedings)?

No Yes Date _____ Country _____

I.18. Are your salary, wages, earnings or other income subject to a court order or have they ever been subject to a court order?

No Yes Date _____ Country _____

I.19. Have you ever had any property repossessed?

No Yes Date _____

I.20. Are you, or have you ever been bankrupt or subject to any order or arrangement under the bankruptcy or insolvency laws of any country?

No Yes Date _____ Country _____

I.21. Are you or have you been directly or indirectly involved in the management of any company that is, or was, at any time, in receivership or liquidation?

No Yes Date _____ Company _____

 If so please attach a copy of the liquidator's or receiver's report

If you have answered yes to any of the questions in Section I please give details here, if you require more space please write on a separate page and attach to the application

J. PROOF OF IDENTITY AND PHOTO

Two identical photos must be enclosed with your application. The back of one of the photos must be completed and signed by the person who fills in this section. **You must not write on the back of the photo yourself - not even your own name.**

DO NOT FILL IN ANY PART OF THIS SECTION (NOT EVEN YOUR OWN NAME) YOURSELF. Ask someone else (e.g. a friend or workmate) to fill in this section. The person must:

- fit all of the following requirements:
- have known you for more than 12 months
 - have a daytime contact telephone number
 - not live at the same address as you
 - be over 18 years old
 - not be a relative

TO THE PERSON FILLING IN THIS SECTION. Do not type this section. It must be filled out in your own handwriting. If you make a mistake you must cross it out clearly and sign your name beside any changes. Do not use correcting fluid or tape. Do not give a PO Box number.

You may be contacted by the Department or the New Zealand Police so please provide a contact phone number for you during normal working hours.

J.1. Identifier's Personal Details

Title *please tick* Mr Mrs Miss Ms Other

Family/Surname _____ First name(s) _____

Occupation _____

Daytime phone () _____ Mobile () _____

Date of birth _____ Country of birth _____

Residential address _____

Suburb _____ *Town/city* _____

Employer's Name _____

Employers address _____

Suburb _____ *Town/city* _____

J.2. Identifier's Statement

I am over 18 years old and I have known

Family/Surname _____ First name(s) _____
of the person in the photo *of the person in the photo*

personally for at least 12 months. I have completed this section of the form myself. On the back of one of the photos accompanying the application I, the identifier, have written the full name (not just the initials) of the applicant, signed my name and recorded the date.

To the best of my knowledge the information on this application form is true and the applicant is the person I have named.

Signature _____ Date _____
of the identifier

J.3. Photograph

Applicant's Photo

Note:

the photo must be this size


This is a true likeness of:

Full name - not just initials of the applicant

Signature of identifier

Date - day/month/year

The person who completes Section J should write on the back of one of the photos exactly as outlined here.



Photographs will be attached here by an Authorised Person of the Department of Internal Affairs.

K. Declaration

Ensure the information you have provided is true and correct. If it is found later that you have provided false or erroneous information your Certificate of Approval may be suspended or cancelled. **This section should be completed only in front of an Authorised Person of the Department of Internal Affairs.**

K. Declaration

I,
full name of applicant

of
residential address

Occupation

Declare that

- a. I am the person identified in Section A of this application
- b. Except for the endorsement in section J, I have personally completed this form and have supplied all the information indicated, and
- c. The particulars contained in this form are true and correct in every detail and fully disclose the information required, and
- d. I understand that supplying false or erroneous information may result in my Certificate of Approval not being issued, or *after* issue, suspended or cancelled.

Declared at

this

day of

20

Signature
of applicant

Before me

*Name and signature of
authorised officer of the
Department of Internal Affairs*

L. Authorisation

This authorises the Department of Internal Affairs and the New Zealand Police to make various enquiries in New Zealand and overseas, to verify or add to the information you have provided or which has been gathered about you, and to obtain information from various organisations such as courts, employers, educational institutions and Government agencies in New Zealand and overseas. The provisions of the Criminal Records (Clean Slate) Act 2004 apply to this authorisation.

L. Authorisation

I hereby authorise the Secretary of Internal Affairs acting through the Department of Internal Affairs, or the New Zealand Police to make or cause to be made, in New Zealand or elsewhere, whatever enquiries are considered appropriate to verify or add to the information provided by me, or concerning me, and authorise such enquiries to be made both before and after the issue of a Certificate of Approval.

I hereby authorise and request all Courts, Police, Service Boards, Employers, Educational Institutions, Banks and other Financial Institutions and all Government Agencies both foreign and domestic, and any other body or person to whom this authority may be presented to allow any accredited representative of the Department of Internal Affairs or of the New Zealand Police to inspect and obtain copies of any or all documents and records relating to me (either solely or jointly with any other person) and to provide that representative with all information relating to me which may be requested in the course of the enquiries described above, for the purpose of determining my suitability to work in a casino, pursuant to the Gambling Act 2003.

Full name _____

Signature _____

Date _____

**Checklist -**

for an appointment/interview with a Gambling Inspector or other Authorised Officer of the Department of Internal Affairs

Please ensure that you have the following with you for your appointment. All documents must be originals or certified copies NOT extracts or photocopies.

- Licence fee - \$335.28 (GST incl)
- Documentary evidence of any name changes *if applicable*
- Two forms of identification, one of which must be a current New Zealand or International Passport stamped with the relevant visa, Full Birth Certificate, New Zealand Refugee Document or Citizenship Document
- Two identical passport sized photos, one of which must be completed on the reverse with the identification details set out in section J (Do not attach these to the form)
- Any evidence of previous employment with a casino
- For non New Zealand citizens/residents a 'Police Clearance' certificate (or equivalent) from the relevant jurisdiction.

If you are a New Zealand citizen/resident and in the past five years have spent six consecutive months or more in any country other than New Zealand you may also need to attach a 'Police Clearance' certificate (or equivalent). Please contact a Gambling Inspector/Authorised Person before submitting your application.

If your application is incomplete or missing supporting documentation, it will not be processed.

Enquiries regarding making an application may be made to: **Licensing Unit**
Gambling Compliance Group
Department of Internal Affairs
PO Box 10-095
Wellington 6143

Visit our website www.dia.govt.nz or call us toll free on 0800 257 887.