

CAMP AMERICA



Please complete this form and return to the address at the bottom of this page.

Consent to Disclosure of Information

I,
(Surname) (Fore Names)

.....
(Maiden or any other names used)

Sex (M/F) Date and place of birth

Nationality Residential Address

Suburb City

NZ Drivers Licence number

hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to **Nannies Abroad / Camp America**.

Signed Date

COMMENTS OF THE NEW ZEALAND POLICE

P.O. Box 303-220, Auckland 1330

Ph (09) 416 5337 • Fax (09) 416 5330

www.nanniesabroad.co.nz • www.campamerica.co.nz

All results are kept confidential and sent to the London Office with your completed application.