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| VCA Safety Check Employer Verification Form for Primary Maternity Service Provider | **March 2018** |

**Purpose**

**The purpose of this form is to:**

1. Provide confirmation to the Ministry of Health (MOH) that a **core children’s worker safety check** has been completed. This core children’s worker safety check must meet the requirements of the Vulnerable Children Act 2014, and the Vulnerable Children (Requirements for Safety Checks of Children’s Worker) Regulations 2015, which are together referred to as ‘the Vulnerable Children Legislation’.
2. Confirm that the maternity service provider has adopted or developed a **child protection policy** which is required by the Vulnerable Children Legislation.

**Safety checks are portable.** A safety check completed by an employer at another organisation or practice can also be used to claim under the Primary Maternity Services Notice 2007 (the Notice), as long as the safety check was completed within the preceding three years.

**This form is to be completed by the current or former employer of a primary maternity services provider to verify that the employer has completed a safety check in accordance with ‘the Vulnerable Children Legislation’ for that provider in the past three years.**

**Information for the Maternity Service Provider**

You can submit this form as verification that you have **passed** a core children’s worker safety check under ‘the Vulnerable Children Legislation’, and that this safety check was completed by an employer, (such as a DHB, or primary care practice).

**Use this form when:**

* You are applying for a **new** or **first-time** authorisation to claim for primary maternity services under the Notice, **OR**
* You have an **existing** authorisation to claim for primary maternity services under the Notice, and you need to **confirm** to the Ministry of Health that you have been safety checked.

**In order to use this form to claim for primary maternity services under the Notice, you need to:**

* Provide this form to the employer who completed your safety check and request that they fill out the form, **AND**
* E-mail the completed form to the MOH to DunedinAASupport@moh.govt.nz, or fax to 03 474 8582, or post to Primary Care, Private Bag 1942 Dunedin 9054**.** Please send only a copy of this form; do not include documents such as police vetting reports and identity verification.

If your employer can not complete Section 3, please provide independent verification that you have a Children Protection Policy in place. Please note: lead maternity carer midwives are covered by the child protection policy developed by the New Zealand College of Midwives. This policy is published on their website.

**Information for the Employer**

By completing this form, you attest that the information provided is correct, complete, and up to date as of the date the safety check was issued.

This form can be completed by a previous employer only when the safety check is less than three years old. If the maternity provider is not a current employee, please do **not** complete the statement in section 3 of the form about a child protection policy.

**Safety Checking Requirements**

Maternity providers who **do not** have an existing authorisation to claim for primary maternity services require the check for a **new** core children’s worker which includes the following:

* ID Verification
* Police Vetting
* Employment or Personal References
* Employment History
* Interviews with the Applicant
* Professional Membership Check (registration and annual practising certificate)
* Final Assessment

Maternity providers who **do** have an existing authorisation to claim for Primary Maternity Services require the following checks:

* ID Verification
* Police Vetting
* Professional Membership Check (registration and annual practising certificate)
* Final Assessment

**Audit**

In order to comply with the requirements of the Vulnerable Children Legislation, the Ministry must be satisfied that all persons providing primary maternity services under the Primary Maternity Services Notice 2007 are safety checked and have a child protection policy in place.

The Ministry may from time to time audit authorisations under the Primary Maternity Services Notice 2007 to ensure authorisation holders have been safety checked to the required standards.

Where an employer has confirmed the completion of a safety check and/or adoption of a child protection policy on behalf of a primary maternity services provider, they must be able to provide documentary evidence of that safety check should an audit occur.

**Questions about safety checks or child protection policies**

For further information about safety checks and child protection policies, please see our website:

<http://www.health.govt.nz/our-work/health-workforce/childrens-action-plan-childrens-worker-safety-checking-and-child-protection-policies>

Please call the Ministry of Health contact centre on 0800 281 222.

Monday, Tuesday, Thursday, Friday 8am - 5pm, Wednesday 9:30am - 5pm

Or, e-mail customerservice@moh.govt.nz

VCA Safety Check Employer Verification Form

**Details of Maternity Service Provider**

|  |  |
| --- | --- |
| First name(s) |  |
| Last name |  |
| Professional body registration number |  |

**Employer Details □** Current Employer **□** Former Employer

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| Organisation or company name of employer who completed the safety check |  |
| Full name and position of person completing this form |  |
| Contact details - phone and email |  |
| Signature and date |  |

 **Employer confirmation of checks required under the VCA 2014**

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| **1.** | I **confirm** that the above-named maternity service provider has **passed** a safety check that meets the safety checking requirements of the Vulnerable Children legislation.The safety check noted above was issued on \_\_\_\_\_\_(day)\_\_\_\_\_\_\_\_\_\_\_\_ (month)\_\_\_\_\_\_\_\_(year)[[1]](#footnote-1) I **confirm** that the type of safety check completed was for a **Core [[2]](#footnote-2)** children’s worker (Primary Maternity Services Provider). □ Yes □ No  |
| **2.** | **Please tick option that applies:**I confirm that the type of safety check that was done met the requirements for a:**□** New children’s worker **OR** **□** Existing children’s worker  |
| **3.** | **Please tick option that applies (for current employees only):****□** I confirm that the above-named employee has adopted the child protection policy developed by our organisation which meets the requirements under the Vulnerable Children Act 2014, **OR****□** I confirm thatthe above-named employee has provided confirmation they have developed their own child protection policy which meets the requirements under the Vulnerable Children Act 2014. |

1. Providers of primary maternity services are considered core children’s workers and must have the check required of a core children’s worker. [↑](#footnote-ref-1)
2. See requirements for checking of new versus existing children’s workers on previous page. [↑](#footnote-ref-2)