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| **When to use this form**Use this form if you want to apply for: * a first time fee waiver for extreme financial hardship
* another 12 months of a fee waiver for extreme financial hardship.

**Requirement** You **must** provide evidence of extreme financial hardship. **New Zealand Police decision making considerations** We will take into consideration the following information in our decision making: * The approved agency or approved agency group must provide evidence that if it has to pay the vetting request fees, it will likely result in the approved agency or approved agency group facing:
	+ - business failure
		- insolvency
		- bankruptcy.
* The approved agency or approved agency group anticipates submitting approximately 100 vetting requests or more in a year.
* The approved agency or approved agency group does not receive any government funding.
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| **Please type your approved agency name.**  |
|       |
| **Please type your approved agency code, if known.**  |
|       |
| **Please check the boxes that apply to your organisation.**  |

[ ]  Paying for our vetting requests is likely to result in us facing business failure, insolvency or bankruptcy.

[ ]  We anticipate submitting approximately 100 vetting requests or more in a year.

[ ]  We **do not** receive any government funding.

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| **Please provide the following information as evidence to support your application.**  |

[ ]  Last year’s financial statements.

[ ]  A signed statement from your accountant or treasurer stating:

* that your last year’s financial statements are accurate and true
* your capacity to borrow
* the total number of volunteers in your organisation
* the total number of paid staff in your organisation
* the percentage of staff that are in paid employment compared to volunteers
* whether your organisation charges for your goods or services
* any other relevant information.

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| **Please confirm that your information is correct.**  |

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| I confirm that the information I have supplied is correct.  |
| Approved agency authorised representative: |
| Name: |       | Date: |       |  |
|  |  |  |  |  |
| Signature: |  | Electronic Signature | [ ]  |  |
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| **When complete, please email this application form along with your other documentation** |

Please email this application form and documents to: VettingAccounts@police.govt.nz

**Note:** NZ Police will acknowledge receipt of your application.

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| **How long until you hear from us?**  |

You should expect to hear your result within 20 working days. NZ Police will contact you if it takes longer.

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| **The Commissioner of Police will decide**  |

The Commissioner of Police has the discretion to decide whether your organisation should receive this fee waiver or not.