

|  |
| --- |
|  |

**Consent for Psychological / Psychometric Assessment**

**NAME: Click or tap here to enter text.**

**Nature and Purpose of the Assessment**

The Psychological assessment of candidates is an important component for suitability and risk evaluation to ensure that candidates are equipped, motivated and safe for a commitment to the faith vocation as ordained presbyters and deacons in the Methodist Church of New Zealand.

This process will take approximately just over an hour to complete.

We will be using different (pen and paper) standardized tests designed to screen and evaluate actuarial, dynamic and acute psychological issues. The use of psychometric tools often enables the collection of information in a manner that is easier and less threatening than various aspects of interview process. In all the tests please read each statement carefully and answer truthfully, (there are no right or wrong answers). Do not be concerned if a few of the statements seem unusual; they are included to describe the feelings, thoughts and attitudes of people with many types of problems. Try to answer every item even if you are not sure of your choice. If you have tried your best and still cannot decide, choose the closest item to how you are feeling at this time.

There is no time limit for completing the inventories, but it is best to work as quickly and as is comfortable for you. We only have up to an hour and a half time slot.

**Confidentiality**

After this assessment is complete, a report will be written detailing the results. The report will be sent to Dr Mary Caygill (Convener) of the Candidate Assessment Team. There are some special circumstances that can limit confidentiality including:

1. a statement of intent to harm self or others,
2. 2) issuance of a subpoena from a court of law.

**Consent**

Please complete the form on the following page and return to admin@tehapai.org.nz by

25th August 2025.

**CONSENT FOR PSYCHOLOGICAL / PSYCHOMETRIC ASSESSMENT**

I have read and agree with the nature and purpose of this assessment and to each of the points listed above. I have had an opportunity to discuss any points of concern before signing.

I give permission for the following person(s) to be contacted:

|  |  |  |
| --- | --- | --- |
| Name | Phone Number | Relationship |
|  |  |  |
|   |   |   |
|   |   |   |

**Name:** Click or tap here to enter text.

**Signature:**

**Date:** Click or tap to enter a date.