**Pre-employment drug test at WORKhealth**

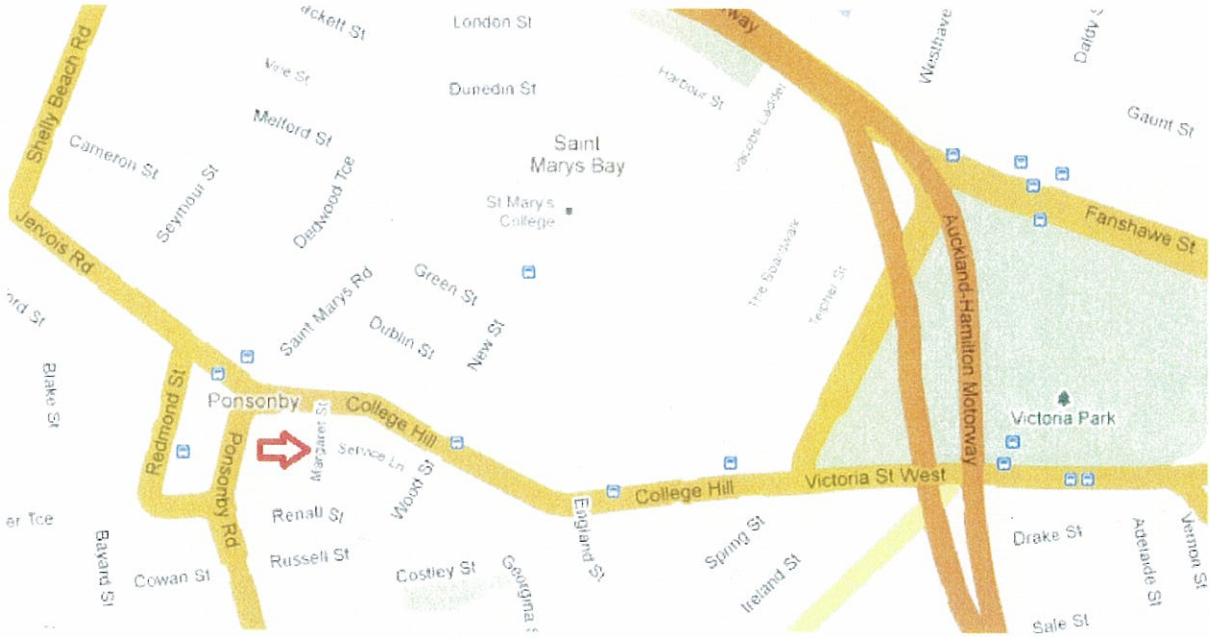
On _____ , _____ at _____
(Day) (Date) (Time)

You will be required to provide a small urine sample.

While you can eat and drink normally and take any prescribed medications, prior to your appointment, please

- Avoid drinking too much fluid in the 3 hours before your appointment – no more than a glass or cup per hour
- Avoid going to the bathroom immediately before your appointment
- Take with you
    - A photo ID, such as your driver licence or passport
    - Details of any medications you have taken in the past 2 weeks

WORKhealth is located at **Unit 1, 3 Margaret Street, Ponsonby**




Driving from South or West Auckland

- Take the Nelson Street motorway exit and proceed down Nelson Street for 0.5 km
- Turn left into Victoria Street West
- Proceed down the hill, past Victoria Park, and up College Hill
- Turn left into Margaret Street, just before the top of the hill – Colenso BBDO is on the corner

Driving from the North Shore

- Take the Shelley Beach Road exit from the harbour bridge
- Turn left at the top, on to Jervois Road
- Proceed through 2 sets of traffic lights on to College Hill
- Turn first right into Margaret Street (opposite the tattoo parlour)

There is a client park in front of the WORKhealth office. If that is occupied, 120 minute parking is available in Margaret Street, in the car park at the end of the street, and on College Hill.

If travelling by Link bus, the closest stop is on College Hill, outside the Cavalier Tavern.

**Consent for Drug Testing**

I consent to undergo a drug test, to be undertaken by a NZQA qualified collector and "on-site" screener and accredited laboratory appointed by Telnet which I acknowledge is for the purpose of determining whether I have levels of an illicit or restricted drug(s) or a misused prescribed or party drug(s) present in my urine, higher than the accepted international standard as defined by the Australian/New Zealand Standard AS/NZS 4308:2008.

I understand that a urine specimen will be collected and the drugs being tested for are cannabinoids, opiates, amphetamine type substances (including party pills containing benzylpiperazine), cocaine, benzodiazepines, and others if applicable.

I undertake to advise the NZQA qualified collector of any medication that I am taking. I also agree to provide the collector with verification of my identity (either photo identification or an alternative proof) and two unique identifiers (e.g. full name and date of birth).

I consent to the results of the drug test(s) being communicated confidentially to Telnet.

I understand that I may request a second test be conducted on the duplicate specimen and analysed within 14 days of receiving the result. For the second test to be positive there need only be the presence of drug or metabolite detected (i.e. not cut off limits). The result of the second test will be accepted as a conclusive result by both parties.

Any collection, storage or exchange of information concerning the drug test will be in accordance with the requirements of the Privacy Act 1993 and results will only be used for the purposes for which they were obtained.

I understand that a refusal to sign this form for the drug test, or the return of a positive result means that:

- ❑ ***Pre-employment/internal transfer:*** the job offered/applied for will not be confirmed or offered to me.
- ❑ ***Current employee:*** the company disciplinary procedure will follow which may include dismissal or the requirement to take part in a rehabilitation programme.

I have read and understood the terms of this consent form.

Employee/applicant signature:..... Date:.....

Employee/applicant name:.....

Witness signature:..... Date:.....

Witness name:.....