

**Application Form**

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| 1. **Position** | | | | |
| Job Title |  | | | |
| Please attach documents. |  | | | |
| 1. **Personal Information** | | | | |
| Name Title |  | | | |
| Family Name | Click to enter text. | | | |
| Given Name(s) | Click to enter text. | | Preferred Name: Click to enter text. | |
| Address: | Click to enter text. | | | |
| Home Phone: | Click to enter text. | | | |
| Mobile: | Click to enter text. | | | |
| Email Address: | Click to enter text. | | | |
| 1. **Citizenship, Permanent Resident or Work Visa** | | | | |
| Are you legally entitled to work in New Zealand?  If work visa, please attach a copy | | |  | |
| If yes, select one of the following options: | | | | |
| 1. **History Employment** (please state duration of each employment or attach CV) | | | | |
| **Name of Organisation** | | **Duration of Employment** (from dd/mm/yytodd/mm/yy**)** | | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | |
| 1. **Medical** | | | | |
| Do you have any previous or pre-existing injuries or medical condition that may be aggravated by the requirements of this position or prevent you carrying out its responsibilities? | | | |  |
| If yes, please provide details of injuries/your medical condition(s) and how your performance is likely to be affected?  (Please note that declaration of a medical condition will not rule you out of consideration, but you may be required to provide a medical clearance and/or to authorise ACC to release your injury history record).  Click or tap here to enter text. | | | | |
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| 1. **Information for Disclosure of Criminal Convictions** |
| Please declare whether or not you have ever been convicted of a criminal offence.  If you are applying for a role at Te Hopai, the Criminal Records (Clean Slate) Act 2014 applies and you will be asked to sign a Police Vetting Form as part of your application.    If yes, please disclose details of the conviction.  Click or tap here to enter text.  (Please note that declaration of a conviction will not rule you out of consideration for a position, these are considered on a case by case basis). |
| 1. **Referees** |
| Please list three referees who we could contact about your suitability for the position. Please include telephone contact details and email address. One of the referees must include your current or most recent manager. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| 1. **Annual Practicing Certificate (*Please answer this section if you are a registered or enrolled nurse)*** |
| Do you have a current practicing certificate? |
| 1. **Availability** |
| What kind of employment are you seeking? |
| Are you able to work on a rotating roster over a 7-day week including split shifts, weekends and night shifts?    If no, please state why not.  Click or tap here to enter text. |
| Are you restricted to working limited hours e.g. students?    If yes, please detail any restrictions.  Click or tap here to enter text. |
| 1. **Declaration** |
| I declare that the information provided by me is correct and complete. I understand and agree that any incorrect, incomplete or misleading information provided may result in me being disqualified from this application process or dismissed if I have successfully obtained employment.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |