

Pukatono | Application for Employment Form

The information you provide in this form (and other documents supplied with this application form) will be used for the selection process only, with the exception that if your application is successful then this information will form part of your personnel records. Please note that failure to supply the information could limit our ability to assess your suitability for the position.

Thank you for taking the time to complete this form. Please note that you are also required to send in your CV and a covering letter with your application.

1 Mōhiohio Whaiaro | Personal Information

First name	<input type="text"/>	Middle name	<input type="text"/>
Last name	<input type="text"/>	Preferred name (if different)	<input type="text"/>
Address	<input type="text"/>		
	<i>Full street address</i>		
	<input type="text"/>		
	<i>City/Post code</i>		
Phone Number	<input type="text"/>		
Email address	<input type="text"/>		

2 Mōhiohio whānui | General Information

Which vacancy are you applying for

Where did you first view this vacancy

<input type="checkbox"/> Te Awakairangi Health Network Website	<input type="checkbox"/> Mahi
<input type="checkbox"/> Seek	<input type="checkbox"/> TradeMe
<input type="checkbox"/> Other	<input type="checkbox"/> Kiwi Health Jobs

3 Mahi ko māraurau i Aotearoa | Eligibility to work in New Zealand

To work at Te Awakairangi Health Network, you must be legally entitled to work in NZ.

By which method are you entitled to work in New Zealand?

<input type="checkbox"/> NZ Citizen	<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> NZ Permanent Resident
<input type="checkbox"/> NZ Work Visa	<input type="checkbox"/> I do not currently hold the right to work in NZ	

Other

Visa expiry (if applicable)

If any special conditions apply to your permit, please specify here:

Note: If you have a work permit, please attach a certificate copy to this form

4 Mahi paremata | Previous Employment/Applications with Te Awakairangi Health Network

Do you currently work for, or have previously worked for Te Awakairangi Health Network Yes No

If yes, please provide detail of current/previous employment

Have you previously applied for employment with Te Awakairangi Health Network? Yes No

If yes, please provide detail of current/previous employment/application

5 Mahi ko mana | Authority to Practice (if applicable)

Do you have a current Practising Certificate/Registration Yes No

Which professional body are you registered with?

What is your registration number?

Are you currently working or have you in the past worked under suspension or any constraints? Yes No

If yes, please provide details

Note: Please attach a copy of the appropriate Certificate/Registration with this form. If you are successful in this role, a copy of your practicing certificate and registration will need to be provided before employment is offered.

6 Oranga tonutanga | Wellbeing

Do you currently have, or have you ever had, a condition caused by gradual process or an injury, illness or disability that could reasonably be expected to affect your ability to carry out the work or could reasonably be expected to be aggravated by carrying out this work. Yes No

Are there any aspects of your health that may prevent you from doing this job to a fully competent standard? Yes No

Are there any ways in which we could provide health-related assistance to enable you to perform this job more effectively?

COVID-19 Vaccination Status (Optional)

Te Awakairangi Health Network is considered a health provider; therefore, it is our expectation that all employees are fully vaccinated against COVID-19.

My vaccination status is Vaccinated Not vaccinated Decline to disclose

Number of doses

Note: This information is relevant to any efforts Te Awakairangi Health Network may take ensure the workplace is safe and healthy.

7 Te Whakapuakitanga o te rongorua whaipānga | Declaration of Conflict of Interest

A conflict of interest is where someone is compromised when their personal interests or obligations conflict with the responsibilities of the role they have applied for. It means that their independence, objectivity or impartiality can be called into question.

A conflict of interest can be:

- Actual: where the conflict already exists
- Potential: where the conflict is about to happen, or could happen
- Perceived: where other people might reasonably think that a person has been compromised

Do you have any actual, potential, or perceived conflict of interest that we should be aware of if you are successful in being offered a role at Te Awakairangi Health Network Yes No Maybe

If you believe there may be a conflict of interest, please let us know what that conflict might be

8 Pukapuka raiheni motukā | Driver's Licence

Te Awakairangi Health Network are members of the NZTA Driver Check scheme, this enables Te Awakairangi Health Network to query the status of your Driver's Licence and will automatically advise of any changes to your Driver's Licence status. If your application is successful, as a Te Awakairangi Health Network employee you will be required to complete a form to authorise your participation in this scheme.

Do you have a current driver's licence? Yes No

If yes, what class? Full Restricted Learners

9 Hihira Taihara | Criminal Convictions

If you are successful in securing this position, you will be required to complete a criminal convictions check. The declaration of any offence may not preclude your application from being considered. However, non-disclosure of relevant matters may be seen as misrepresentation and dealt with accordingly. If you are in any doubt as to whether to declare something, please declare it. It is not necessary to declare parking fines or speeding tickets unless they resulted in a sentence of disqualification.

Have you ever been convicted of a criminal offence? Yes No

If yes, please provide details including, the offence, date, and sentence issue

9 Tohutoro | References

Please nominate THREE (3) referees who are able to verify your knowledge/skills/experience as outlined in your CV.

One referee should be your current immediate supervisor or a recent supervisor (last 12 months)

Referees may be contacted at any time after the Interview stage (**you will be advised prior to them being contacted**)

By signing the declaration at the end of this application form you are authorising Te Awakairangi Health Network to contact these referees, and acknowledging that the information they provided will be supplied in confidence as evaluative material

Referee 1

Name:		Organisation	
Phone		Email	
Relationship to applicant			

Referee 2

Name:		Organisation	
Phone		Email	
Relationship to applicant			

Referee 3

Name:		Organisation	
Phone		Email	
Relationship to applicant			

10 Whakapuaki | Declaration

I declare that the statements made in this application, and any supporting information provided by me, are true and complete to the best of my belief. Yes No

I declare that I have not withheld any information that could affect the decision to employ me. Yes No

I agree that as part of the recruitment and appointment process, further checks may be undertaken. These checks include but are not limited to reference checks, Ministry of Justice or NZ Police Vetting criminal history check, NZTA driver check, qualifications and registrations and right to work verification. Yes No

I understand that if I have given incorrect or misleading information, or have omitted any pertinent information, I may be disqualified from appointment, or if appointed, I may be liable to be dismissed. Yes No

I understand that Te Awakairangi Health Network may undertake reference checking with referees nominated by me in writing (noting I will be advised prior to them being contacted) Yes No

I declare that the qualifications stated in this application are true and complete and I will provide original transcripts on request. Yes No

Applicants Name:

Date:

Signature