

Dear Applicant

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.

The information you give us will be held by Te Awakairangi Health Network and may be accessed by authorised personnel. If you are successful in your application, you may access your personal information and copy and/or request correction of this information if you believe it to be incorrect.

Position Applied for: _____

Personal Information

First Name/s _____ **Middle Name/s** _____

Surname _____ **Preferred Name** _____

Contact Address:

Daytime contact number _____ **Mobile Ph:** _____

Evening contact number

Email address:

Citizenship

To be legally entitled to work in New Zealand you should be a New Zealand citizen, have a permanent residence status or have a current work visa/permit.

Are you a New Zealand Citizen? Yes No

If not, are you are permanent resident of NZ? Yes No

Or, do you hold a Current Work Permit Yes No

If Yes, what is the Expiry date _____

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

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

Authority to Practise (if applicable)

Do you have a current Practising Certificate/Registration Yes No

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 to this form and note the first year of registration.

Health Status

Have you ever had an injury or medical condition, including those caused by gradual process, disease or infection that may be aggravated by the anticipated tasks called for in the position you are seeking? Yes No

If yes, please provide details and describe technical aids, equipment or adaptations to the workplace that you need to make your work easier and/or increase your performance.

Smokefree Environment

I acknowledge that Te Awakairangi Health Network is a smoke free environment and as such undertake not to smoke during the hours of work Yes No

COVID-19 Vaccination Status (Optional)

As a health employer, Te Awakairangi Health Network encourage our staff to have the COVID-19 Vaccinations.

My vaccination status is Vaccinated Not vaccinated Decline to disclose

1 dose

2 doses

3 doses

4 doses

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

Convictions

We are obliged to ask the following questions:

Have you ever been convicted of a criminal offence?

Yes

No

If yes, please provide brief details:

Are you awaiting the hearing of charges in court?

Yes

No

If yes, please provide brief details:

If your application is successful, as a Te Awakairangi Health Network employee you will be required to complete a NZ Police Vetting Service Request and Consent Form to authorise a criminal background check under the Criminal Records (Clean Slate) Act 2004.

Driver's License

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 License and will automatically advise of any changes to your Driver's License status. If your application is successful, as a TeAHN employee you will be required to complete a form to authorise your participation in this scheme.

Do you have a current driver's license?

Yes

No

If yes, what class?

Learners

Restricted

Full

References

We undertake not to approach any referee you have listed without prior notification and approval.

I(full name) consent to Te Awakairangi Health Network seeking verbal or written information on a confidential basis about me from the referees listed below. Furthermore, I authorise information sought by Te Awakairangi Health Network to be used for the purposes of ascertaining my suitability for the position I am applying for.

Note: We would prefer that at least one referee is/has been your direct manager.

Referee 1	
Name:	
Position:	
Company:	
Contact Phone:	
Email:	
Referee 2	
Name:	
Position:	
Company:	
Contact Phone:	
Email:	
Referee 3	
Name:	
Position:	
Company:	
Contact Phone:	
Email:	

Declaration

In signing this declaration, you:

- endorse that all information provided by you is true and correct in all respects
- understand that if any false information is given or material suppressed, you may not be accepted for employment or, if employed, you may be dismissed.
- Agree to participate in the Drivers Check Scheme
- Agree to complete NZ Police Vetting Service Request and Consent Form

I declare that to the best of my knowledge the information provided in this application and in my Curriculum Vitae and cover letter is accurate and I understand that if any false or misleading information is given, or any material suppressed, I will not be employed, or if I am employed, my employment may be terminated..

I understand that Te Awakairangi Health Network will conduct Police Checks to ensure the information I have provided is correct and there is no risk to Te Awakairangi Health Network as an organisation. Should any unfavourable information about me come to light following an appointment, I acknowledge this may result in immediate termination of any such employment.

Signature:

Date:
