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**Application for Employment at Clutha Health First**

**Confidential Document**

**Privacy Statement**

Thank you for your interest in Clutha Health First. The questions being asked in this application are relevant to the nature and type of work undertaken at Clutha Health First and comply with the rights and obligations under legislation, including the Immigration Act 1987, the Health and Safety at Work Act 2015, and the Human Rights Act 1993. This information will be used by Clutha Health First to assess your suitability for the position applied for, and for reasonable business purposes during your employment at Clutha Health First.

Clutha Health First may use your personal information to contact you any time while you are on our candidate database, for example, to send you announcements, let you know about other opportunities or to request other types of information that may be required. You are responsible for ensuring that your personal information held by Clutha Health First in our candidate database is correct and up to date.

If your application is successful the answers and statements in your application will form part of your employment record and will be used for human resource management purposes.

All internal and external applicants are required to complete this application **and** provide Curriculum Vitae detailing positions held, qualifications and training relevant to this position. **Please attach other supporting documents. Please do not send originals.**  Your CV will be destroyed unless agreed otherwise.

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| **Vacancy Details** | | |
| Position applied for: | **Enter Position Applied for** | |
| How did you find out about this vacancy? | | **Enter Details** |

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| **Personal Details** | | | |
| Surname / Family Name: | **Enter Surname** | | |
| Given Names: | **Enter Given Names** | | |
| Preferred Name: | **Preferred Name** | | |
| Known by any other names? | **Enter Alternative Names** | | |
| Postal Address: | **Enter Postal Address** | | |
| Phone Daytime: | **Daytime Contact No** | Cellphone: | **Mobile** |
| Phone Evening: | **Evening Contact No** | Email: | **Email Address** |

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| **Work Status** | | | |
| **Citizenship** | | |  |
| * Are you legally entitled to work in New Zealand?   *You will be required to provide evidence of your eligibility to work in New Zealand)* | | | **Yes  No** |
| * Please indicate which of the following applies to you: | | **New Zealand Citizen**  **New Zealand resident**  **Work visa/Permit** | |
| * Visa / Permit expiry date: | **Click here to enter a date** | | |
| **Employment within Clutha Health First** | | |  |
| * Are you a current Clutha Health First employee or have you ever been an employee of Clutha Health First? | | | **Yes  No** |
| If yes, please provide details including position held and dates: *(we may refer back to our records of previous employment in considering this application):*  **Enter positions held previously and dates** | | | |
| **Authority to Practice** | | |  |
| * Do you have a current Practising Certificate/Registration | | | **Yes  No** |
| * If yes,   Practising certificate number: **Number** Expiry date: **Click here to enter a date.** | | |  |
| * If not, what action(s) have you taken to obtain Registration/Certification?   **Enter actions** | | | |

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| **Fitness to Undertake Work** | | | |
| *You are asked to complete the following information to enable us to ensure we provide a safe environment for patients and staff.* | | | |
| * Do you have any condition, injury or disability, which may affect your ability to carry out the tasks of the position you have applied for, or your employment in general? *(e.g. sensitivity to chemicals, allergies, hearing or eyesight difficulties, black-outs, fits/seizures, back injury or strain)* | **Yes  No** | | |
| * Are you on medication which could affect your performance in this job? | **Yes  No** | | |
| * Have you in the past or do you now suffer from any conditions that might contribute to a gradual process musculoskeletal injury? | **Yes  No** | | |
| If you answered yes to any of the above, please provide details, including dates and if you require any specialised equipment to enable you to perform the job you have applied for please list.  **Please enter relevant details** | | | |
| * Have you ever had any problems with addiction to alcohol or drugs? | | **Yes  No** |
| * Have you ever had any significant time away from work as a result of an illness, injury or infection? | | **Yes  No** |
| If you answered yes to any of the above, please provide details, including dates:  **If relevant, enter details and dates** | | |
| * Have you ever lodged a workplace claim with ACC or a Work Place Insurer? | | **Yes  No** |
| If you answered yes to the above, please provide details, including dates:  **If relevant, enter details and dates** | | |
| * I agree to undergo an occupational health assessment and/or medical assessment if required at the expense of Clutha Health First. | | **Yes  No** |

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| **Criminal Convictions** | | |
| All Clutha Health First staff are required to complete either a police vetting or criminal conviction check as part of our recruitment process.  NOTE: You are not required to disclose any convictions that you are eligible to conceal under the provisions of the Criminal Records (Clean Slate) Act 2004. It is your responsibility to determine if you are eligible to conceal any conviction. To find if you may be eligible, refer to this website: [http://www.justice.govt.nz/services/criminal-records/ about-the-criminal-records-clean-slate-act-2004](http://www.justice.govt.nz/services/criminal-records/%20about-the-criminal-records-clean-slate-act-2004) | | |
| * Have you any criminal convictions in New Zealand or overseas? | **Yes  No** | |
| * Have you any charges or actions pending (including traffic offences) which could result in criminal convictions? | **Yes  No** | |
| If you answered yes to the above, please provide details, including dates:  **Enter further details, including dates**  Clutha Health First will require a pre-employment criminal record check and is also required to perform safety checks in terms of the Vulnerable Children Act 2014 for roles where children’s workers are to be appointed. | | |
| * Do you consent to Clutha Health First undertaking such criminal record checks? | | **Yes  No** |

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| **Other** | |
| * Do you hold a current drivers licence? | **Yes  No** |
| * If applicable, has your professional body taken any disciplinary action against you in the past, or is there any action pending by your professional body, which may impact on your ability to carry out the duties required in the position you are applying for? | **Yes  No** |
| If you answered yes to the above, please provide details, including dates:  **Enter further details, including dates** | |
| * Do you have any obligations or commitments that may affect your attendance? (e.g Military Service, other employment) | **Yes  No** |
| If you answered yes to the above, please provide details:  **Enter further details** | |
| * If your application is accepted, when would be available to commence employment?   **Enter date or give further explanation** | |
| * Please provide any additional comments you wish to support your application:   **Enter Additional Comments** | |

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| **Employment, Training of Skills**  **NB. This section only needs to be completed if the information is not provided in your CV** | | | |
| **Education and Training** | | | |
| * Please list qualifications, certificates, licence or courses which you consider relevant for the position you have applied for   **Enter Details** | | | |
| **Skills and Knowledge** | | | |
| * What skills, knowledge and experience (including work experience) do you have which is relevant to the position you have applied for? | | | |
| **Enter Details** | | | |
| **Employment History** | | | |
| *Position* | *Organisation and Location* | *Dates from:* | *To:* |
| **Position** | **Organisation/Location** | **Date** | **Date** |
| **Position** | **Organisation/Location** | **Date** | **Date** |
| **Position** | **Organisation/Location** | **Date** | **Date** |
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| **Position** | **Organisation/Location** | **Date** | **Date** |

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| **Referees** | |
| Please provide the names and contact details of 3 referees whom we may contact regarding previous employment. These should preferably be current or previous managers. All referee reports obtained will remain confidential and shall not be released, nor their contents disclosed to any other person, including the applicant. | |
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| **Referee One:** | |
| Name: **Name** | Position: **Position** |
| Company: **Company** | |
| Address: **Address** | |
| Telephone Number: **Telephone Number** | |
| Email: **Email Address** | |
| Relationship to Referee: **Relationship to Referee** | |
| **Referee Two:** | |
| Name: **Name** | Position: **Position** |
| Company: **Company** | |
| Address: **Address** | |
| Telephone Number: **Telephone Number** | |
| Email: **Email Address** | |
| Relationship to Referee: **Relationship to Referee** | |
| **Referee Three:** | |
| Name: **Name** | Position: **Position** |
| Company: **Company** | |
| Address: **Address** | |
| Telephone Number: **Telephone Number** | |
| Email: **Email Address** | |
| Relationship to Referee: **Relationship to Referee** | |

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| **Declaration** |
| I declare that to the best of my knowledge, the answers to the questions in my application are correct. I understand that if any false or misleading information is given, or any material fact suppressed, I may not be accepted or, if I am employed by Clutha Health First, I may be dismissed  I agree that Clutha Health First may contact my nominated referees for the purposes of assessing my employment with Clutha Health First. All references and reports obtained by Clutha Health First for the purposes of assessing my suitability for employment will remain confidential to Clutha Health First and I will not be entitled to have access to any of the references obtained.  I agree that if I am chosen as a preferred candidate for a position, and if I answered “yes” to any of the Health Section questions, I may be required to have a medical assessment by a medical assessor chosen by Clutha Health First, at Clutha Health First’s cost.  I acknowledge that Clutha Health First will use the information I have given in deciding whether to employ me. I also agree that if I am employed by Clutha Health First, this information, and any other information I provide during my employment, may be used for any matter related to my employment.  If offered a position, I am prepared to produce my bank account number, evidence of educational qualifications, current drivers licence, citizenship/residency status and occupational registration if required to do so.  I further understand that by continuing with my application I agree to all of the above. |
| Signature of Applicant: **Signature of Applicant** |
| Date: **Click here to Enter a Date** |