



Tairawhiti District Health Mission Statement
Working together, to achieve improved wellbeing for all people of Tairawhiti
Whaia te hauora pai rawa i roto te Kotahitanga mo te katoa o te Tairawhiti

APPLICATION FOR EMPLOYMENT

Form with fields for TITLE, SURNAME, RESIDENTIAL ADDRESS, POSTAL ADDRESS, TELEPHONE NUMBER, WHERE DID YOU HEAR OF THIS VACANCY, EMPLOYMENT, and POSITION APPLIED FOR.

What you need to do...

In order to assess your suitability for this position, we ask that you assist us by completing the following:

- 1. Thoroughly read the job advertisement, position description and the person specification requirements.
2. Complete this application form in full, as it provides us with an important summary of your skills, knowledge and experience...
3. Please send a covering letter, setting out the experience and qualities you possess that are relevant for this position...
4. Send your application to:

Application for Employment
Human Resources Department
Tairawhiti District Health
Private Bag 7001
Gisborne
New Zealand

Telephone: 64-6-869-0500 ext 8268
Fax: 64-6-869-0527
Email: jobs@tdh.org.nz
Please visit our website www.tdh.org.nz

What we will do in return...

In line with our statutory obligations and those of our good employer policies, we will ensure that the following takes place:

- 1. You will receive written confirmation of receipt of your application
2. Your application will be dealt with in the strictest confidence and will be assessed fairly against the relevant selection criteria.
3. All referees contacted will be dealt with discreetly, giving regards to the potential sensitivity of your application.
4. You will receive written notification of the outcome of the selection process.
5. All unsuccessful applications will be destroyed after 3 months unless otherwise requested.

SECTION 1 – Only complete this section if not already detailed in your curriculum vitae
Not applicable for voluntary employment

RELEVANT QUALIFICATIONS

<u>Secondary Schooling</u>			
School	Qualification	Level Completed	Year Completed
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

<u>University or Polytechnic Qualifications</u>			
Institution	Qualification	Level Completed	Year Completed
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

<u>Other Qualifications / Seminars Completed</u>			
Organisation	Qualification	Level Completed	Year Completed
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

EMPLOYMENT HISTORY

Current / Most Recent Employer

◇ Organisation _____

◇ Position title _____

◇ Commenced _____ Finished _____

◇ Responsibilities / Duties _____

◇ Reason for leaving _____

Previous Employer

◇ Organisation _____

◇ Position title _____

◇ Commenced _____ Finished _____

◇ Responsibilities / Duties _____

◇ Reason for leaving _____

Previous Employer

◇ Organisation _____

◇ Position title _____

◇ Commenced _____ Finished _____

◇ Responsibilities / Duties _____

◇ Reason for leaving _____

SECTION 2 – Mandatory for clinical applications Not applicable for voluntary employment

AUTHORITY TO PRACTICE

Do you have a current New Zealand Annual Practising Certificate (APC)/Registration? Yes No

If yes, it is a requirement that you attach a copy of your APC, noting the first year of Registration: _____

If no, have you applied for the appropriate APC/Registration? Yes No

Comments:

PROFESSIONAL

Have you ever been denied Professional Registration or had Registration removed? Yes No

Has there ever been notification to your Registration Body regarding your Standards of Practise or Health? Yes No

Please give brief details:

SECTION 3 – Mandatory for all applications

WORK RELATED REFEREES

Please supply the names of two work-related referees:

CURRENT/MOST RECENT MANAGER

Name _____

Organisation _____

Position _____

Address _____

Phone Number () _____

Fax () _____

E-Mail _____

PREVIOUS MANAGER/CLINICAL LEADER

Name _____

Organisation _____

Position _____

Address _____

Phone Number () _____

Fax () _____

E-Mail _____

PLEASE NOTE

IF YOU ARE A CURRENT EMPLOYEE OF TAIRAWHITI DISTRICT HEALTH, YOUR PRESENT DIRECT REPORT/MANAGER OR TEAM LEADER WILL BE CONTACTED FOR A REFERENCE CHECK

SECTION 4 – Mandatory for all applications

DECLARATION

Please respond to the following questions in order to assist us with assessing the suitability of your application for this position:

1.	Do you consent to Tairawhiti District Health contacting your current, most recent or previous employers or other people, in confidence, for the purposes of reference checking?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.	It is policy that successful applicants undergo a health screen as a precondition of employment. Do you consent to undergo a health screen if you are offered employment by Tairawhiti District Health?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.	Tairawhiti District Health is committed to being a smoke free environment. Do you smoke?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.	Tairawhiti District Health is committed to the Treaty of Waitangi and actively promotes a philosophy of cultural best practice to its Maori population. If successful in gaining employment, would you be prepared to undergo cultural safety training?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.	Are you legally permitted to work in New Zealand? If yes, and you are an overseas applicant, please ensure you attach a photocopy of your work visa/permit. If no, please detail _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.	Is it a requirement of your position to hold a current New Zealand Driving Licence? If yes, please ensure you attach a photocopy.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.	Have you ever had any injury or medical condition caused by gradual process, disease or infection for example sensitivity to chemicals, repetitive strain injuries (RSI or OOS) hearing loss that may be aggravated or further contributed to by the tasks of this job? If yes, please detail _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.	Have you ever had a manual handling strain or injury to your back? If yes, please detail _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
9.	Have you ever had an ACC or other type of compensation claim for an injury or illness? If yes, please detail _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
10.	Do you have any problem/s that will affect your ability to perform the duties of the position you are applying for? If yes, please detail _____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
11.	Would you like to receive information relating to your application via email? If yes, please ensure that your email address is clearly printed on the front page of this application form.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

I do hereby declare that:

- The information I have provided in this application form, and in any supporting documentation, is true and complete.
- I have read the position description and I believe that my fitness, health, abilities and commitments are such that I can meet all requirements of the job as I understand it.
- I accept that any false or intentionally misleading information may be sufficient cause for this application to be rejected, or if I am appointed to this vacancy, could make me liable for dismissal.
- I accept that any false information given in relation to my medical history may result in a work related claim not being accepted.

Name (please print clearly)

Signature

_____/_____/_____
Date