**CONFIDENTIAL**

**TE TONO KIA WHIWHI MAHI**

**APPLICATION FOR EMPLOYMENT**

Northland District Health Board has established a set of values by which the organisation will respond, in part, to achieving its goals and objectives through their workforce. The following Values are expected behaviours of each individual employed with NDHB:

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| **Values** | **Supporting Statement** |
| **Tāngata i te tuatahi**  People First | He whakapapa, he mokopuna, he tamariki, he mātua, he tūpuna. He aha te mea nui. He tāngata, he tāngata, he tāngata  Our people are central to all we do |
| **Whakaute (tuku mana)**  Respect | He whakaaro nui ki ētahi atu  We treat others as they would like to be treated |
| **Manaaki**  Caring | Ko te manaaki – he whāngai, he kākahu, he ropiropi. Akona e te whānau whānui  We nurture those around us, and treat all with dignity and compassion |
| **Whakawhitiwhiti Kōrero** Communication | Whakawhitiwhiti kōrero i runga te tika, te pono me te  We communicate openly, safely and with respect to promote clear understanding aroha |
| **Te Hiranga**  Excellence | Kia kaha, kia māia, kia manawa nui  Our attitude of excellence inspires confidence and innovation |

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| **Name: (Ingoa)** |  |
| **Position applied & Vacancy No: (Te turanga)** |  |
| **Where did you see this position advertised?** |  |

The completion of this form does not indicate there is an obligation on the Organisation to engage the applicant. This information is collected for the purpose of assessing your suitability for employment at Northland District Health Board, which may include subsequent changes in your employment with Northland District Health Board.

Please note, if short-listed for an interview, evidence of entitlement to work in New Zealand will be required from both New Zealand citizens and non-New Zealanders in accordance with the Immigration Act (2009).

Please return your completed Official Application Form along with your supporting documents to [jobs@northlanddhb.org.nz](mailto:jobs@northlanddhb.org.nz)

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| PERSONAL DETAILS | | | | | | | | | |
| Surname: | | | | | Given Name: | | | | |
| Address: | | | | | | | | | |
| Email Address: | | | | | | | | | |
| Phone: | | Home: | | Work: | | | | | Cell: |
| 1: | Do you have New Zealand Citizenship or Residency? | | Yes: | No: | | If “NO” to Q1 please go to Q2 | | | |
| 2: | Do you have a NZ Work Visa? | | Yes: | No: | | If “NO” please provide details :  If “Yes” state expiry date: | | | |
| 3: | What is your age group?  (This is for Kiwi saver purposes) | | 18-30 | 31-50 | | 51-65 | | 65+ | |
| 4: | For statistical reporting purposes we are asking you to answer the following question. This information is NOT used in the evaluation of your application, it is for statistical purposes only. Please would you state which ethnic group you best identify with? (You must answer this question but you may choose not to reveal your ethnicity if you wish) Note: An ethnic group or ethnicity is a category of people who identify with each other based on common language, ancestral, social, cultural, or national experiences.  NZ European or Pakeha:  European – Australian:  Asian:  NZ Maori:  European – English:  Chinese:  Cook Island Maori:  European – Irish:  Filipina/Filipino:  Fijian:  European – Scottish:  Indian:  Samoan:  European – German:  Iranian:  Tongan:  European – Dutch:  Iraqi:  Tuvaluan:  European – Russian:  Japanese:  British:  European:  Korean:  Welsh:  Finnish:  Malaysian/Chinese:  American (US):  Norwegian:  Nepalese:  Canadian:  Swedish:  Sri Lankan:  South African European:  African:  Taiwanese:  Ghanian:  Sudanese:  Seychelles Islander:  Other:  Don’t know:  I choose not to answer: | | | | | | | | |
| 5: | Have you ever been convicted in court for an offence? No:  Yes:  Note: All successful candidates will be required to undergo New Zealand Police clearance.  This clearance is subject to the Criminal Records (Clean Slate) Act 2004 and may be subject to the exception contained in section 19(3)(e) of the Criminal Records (Clean Slate) Act 2004. For more information on the exception contained in section 19(3)(e) of the Criminal Records (Clean Slate) Act 2004 please visit www.legislation.govt.nz. | | | | | | | | |
| 6: | Are you awaiting court charges? No:  Yes: | | | | | | | | |
| 7: | Do you have a current drivers licence? No:  Yes: | | | | | | | | |
| 8: | Do you have any demerit points? No:  Yes:  If “Yes” to Q5, 6 or 8 please provide details: | | | | | | | | |
| 9: | Do you smoke? No:  Yes: | | | | | | | | |
| 10: | Do you have secondary employment? No:  Yes:  If “Yes” please provide details: | | | | | | | | |
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| RELEVANT QUALIFICATIONS | | | | | | | | | |
| Educational Facility | | | Qualification | | | | Dates | | |
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| 11: | Do you speak/write any language other than English, which could help you in your job?    No:  Yes:  If “Yes” please provide details: | | | | | | | | |

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| EMPLOYMENT HISTORY | |
| 12: | Have you previously worked for Northland District Health Board, Northland Health Ltd, Northland Area Health Board or the Northland Hospital Board? No:  Yes:  If “Yes” please provide details: |

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| EMPLOYMENT HISTORY cont: | |
| Organisation: | Location: |
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| Position Held: | Dates Employed: |
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| Reason for leaving: | |

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| Organisation: | Location: |
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| Position Held: | Dates Employed: |
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| Reason for leaving: | |

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| Organisation: | Location: |
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| Position Held: | Dates Employed: |
|  | |
| Reason for leaving: | |

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| OTHER DETAILS: | |
| 13: | List other work that may be relevant to the position you are applying for: |
| 14: | If you are applying for a position that requires Professional registration and/or Annual Practicing Certificate please provide these details: |
| 15: | Are there any limitations or pending charges to your scope of practice?  No:  Yes:  If “ YES” Please provide details: |
| 16: | Have you ever had a complaint lodged with a Registering body with regard to your practice?  No:  Yes:  If “ YES” Please provide details: |
| 17: | Are you currently under investigation by a Registering body?  No:  Yes:  If “ YES” Please provide details: |
| 18: | What are the names of any relatives, members of your household or friends already employed by Northland District Health Board with whom you maybe working in close association with if you are appointed to the position applied for? |
| 19: | Have you had any injury or medical condition caused by gradual process, disease or infection (for example, hearing loss, sensitivity to chemicals, occupational overuse syndrome (repetitive strain injury), or back injuries) that may be aggravated or further contributed to by the tasks of this job, or which may otherwise affect your ability to carry out the duties you will be required to perform?  No:  Yes:  If “ YES” Please provide details: |
| 20: | Is there any other information or facts, which will be relevant to the Organisation’s decision whether to employ you?  No:  Yes:  If “ YES” Please provide details: |

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| REFERENCES: | |
| **Do you consent to the disclosure to Northland District Health Board of whether you have been subject to a serious misconduct investigation, either concluded and upheld or currently under investigation, from all previous Public Service and statutory Crown entity employers for the last three years? Should you be selected as the preferred candidate, your response will be checked with your previous employer(s) at that stage. We will not conduct this check prior to you being selected as the preferred candidate.**  **Yes:  No:  I would like to discuss this before it is undertaken:** | |
| I consent to Northland District Health Board seeking verbal or written information on a confidential basis about me from representatives of my previous/current employers and / or referees, and authorise the information sought to be released by them to Northland District Health Board for the purposes of ascertaining my suitability for the position I am applying for. | |
| Signature: | Date: |

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| \* REFEREE #1 | | \* REFEREE #2 | \* REFEREE #3 |
| Name:  Position held:  Organisation: |  |  |  |
| Contact address: |  |  |  |
| Contact phone: |  |  |  |
| Contact cell: |  |  |  |
| Contact fax: |  |  |  |
| **\* Please note: At least 1 referee should be from your present employer and 1 referee should be from a previous employer** | | | |

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| DECLARATION | |
| I       (full name) declare that to the best of my knowledge the answers provided in this application form and any other information provided to Northland District Health Board in support of my application is correct and I understand that if any false or deliberate misleading information is given, or any material suppressed, I will not be accepted, or if I am employed, my employment may be terminated. I also understand that any false information given in relation to my medical history with regard to gradual process, disease or infection can result in my loss of entitlement to any accident compensation. | |
| Signature: | Date: |