

**CONFIDENTIAL**

**APPLICATION FOR EMPLOYMENT**

**TE TONO KIA WHIWHI MAHI**

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 |
| People First  *Tangata I te tuatahi* | People are central to all we do |
| Respect  *Whakaute (tuku mana)* | We treat others as we would like to be treated |
| Caring  *Manaaki* | We nurture those around us, and treat all with dignity and compassion |
| Communication  *Whakawhitiwhiti korero* | We communicate safely, openly and with respect to promote clear understanding |
| Excellence  *Taumata teitei (hirangi)* | Our attitude of excellence inspires success, competence, confidence and innovation |

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| **Name: (Ingoa)** | Click here to enter name |
| **Position applied & Vacancy No: (Te turanga)** | Click here to enter position/Vac. No. |

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| 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 Curriculum Vitae and covering letter to:  Recruitment Officer – Senior Medical Officers  Northland District Health Board  Private Bag 9742, Whangarei 0148  New Zealand  Or email:  Tania.Vaile@northlanddhb.org.nz | | | | | |
| PERSONAL DETAILS | | | | | | | |
| Surname: Click here to enter your name | | | | | | Given Name(s): Click here to enter your given name(s) | |
| Address: Click here to enter your address | | | | | | | |
| Contact Details | | | | Home: Click here to enter home number | Cell: Click here to enter your cell number | | |
| Work: Click here to enter your work number | May we contact you at work No: Yes: | | |
| Fax: Click here to enter Fax | E-mail: Click here to enter E-mail Address | | |
| 1: | | What is your age group? Choose an age range  (This is for Kiwi saver purposes) | | | | | |
| 2. | | 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: | | | | | | |
| 3. | | Have you ever been convicted of a criminal 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 click [here](http://www.legislation.govt.nz/act/public/2004/0036/latest/DLM293515.html). | | | | | |
| 4. | | Are you awaiting court charges? No: Yes: | | | | | |
| 5. | | Do you have a current drivers licence? No: Yes: | | | | | |
| 6. | | Do you have any demerit points? No: Yes:  If “Yes” to Q 4, 5 or 6, please provide details: Click here to enter details | | | | | |
| 7. | | Do you smoke? No: Yes: | | | | | |
| 8. | | Do you have secondary employment? No:  Yes:  If “Yes”, please provide details: Click here to enter details | | | | | |
| 9. | | Have you previously worked for Northland DHB, Northland Health Ltd, the Northland Area Health Board or the Northland Hospital Board? No: Yes:  If yes, please describe: Click here to describe | | | | | |
| 10. | | Do you speak/write any language other than English, which could help you in your job?  No: Yes:  If yes, please provide details Click here to provide details | | | | | |
| **WORK STATUS** | | | | | | | |
| **11. Do you have New Zealand Citizenship or Residence status:** No: Yes:If ”NO” to Q11 please go to Q12 | | | | | | | |
| **12. Do you have a NZ Work Visa:** No: Yes: | | | | | | | |
| **REGISTRATION** | | | | | | | |
| 13. | | Please indicate the type of registration you will hold at the time of appointment if selected for a position:   |  |  |  | | --- | --- | --- | | Provisional General Scope | Provisional Vocational Scope | General Scope | | Vocational Scope | Special Purpose | Locum Tenens |   Medical Council of New Zealand Registration Number: Click to enter MCNZ No.  Note: If not already registered with the Medical Council of New Zealand you will need to check that you will be eligible for registration. Please refer to the Medical Council Website for further information: [www.mcnz.org.nz](http://www.mcnz.org.nz) | | | | | |
| 14. | | Are there any limitations or pending charges to your scope of practice?  No: Yes:  If “YES” please provide details Click here to provide details | | | | | |
| 15. | | Have you ever had a complaint lodged with any registering body with regards to your practice?  No: Yes:  If “YES” please provide details Click here to provide details | | | | | |
| 16. | | Are you currently under investigation by any registering body? No: Yes:  If “YES” please provide details Click here to provide details | | | | | |
|  | TRAINING | | | | | | |
| 17. | | Are you currently enrolled in a Vocational Training Programme No: Yes:  If yes, please complete details below:  Name of Programme: Click here to enter name of Programme  Date of Enrolment: Click here to enter date of enrolment  Other Information: Click here to enter other information | | | | | |
| OTHER 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? Click here to enter detail | | | | |
| 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: Click here to 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: Click here to provide details | | | | |
| 21. | | | **To assist us in future recruitment, please advise us how you heard of the position at Northland District Health Board by ticking the appropriate box below:**  Word of Mouth:  Please specify ***Click here to specify***  Internet:  Please specify ***Click here to specify***  Other:  Please specify ***Click here to specify***  Journal:  Please specify ***Click here to specify*** | | | | |

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| REFERENCES | |
| 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.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Referee Name** | **Position / Org.** | **E-mail** | **Phone** | **Fax** | | Click here to enter name | Click here to enter position | Click here to enter e-mail | Click here to enter phone | Click here to enter fax | | Click here to enter name | Click here to enter position | Click here to enter e-mail | Click here to enter phone | Click here to enter fax | | Click here to enter name | Click here to enter position | Click here to enter e-mail | Click here to enter phone | Click here to enter fax | | |
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| **\* Please note: At least 2 referees should be from present or previous employers** | |
| DECLARATION | |
| I Click here to enter name(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: Click here to enter signature | Date: Click here to enter date |

**“Northland District Health Board thanks you for your application”**