

APPLICATION FOR EMPLOYMENT



This information is collected for the purpose of assessing your suitability for employment with Te Tihi o Ruahine Whānau Ora Alliance (Te Tihi). If your application is successful, this form will be retained on your personal file.

Position Applied for:

Personal Information

Full Name					
Address		Home phone			
		Cell phone			
		Work phone			
		Email			
Do you have permanent New Zealand residency or a valid work permit?			<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No				
What is your preferred method of contact?			Phone or email		
Do you have a current New Zealand driver's licence? Please list which class(es) of licence you hold			<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No				

Referees

In making this application, I agree to Te Tihi seeking verbal or written information about me from the referees nominated below and authorise this information to be used in the selection process.

Name		Position	
Address		Contact phone	
		Email (if available)	
Position of referee in relation to you (e.g. employer, community leader etc but not a work colleague)			

Name		Position	
Address		Contact phone	
		Email (if available)	
Position of referee in relation to you (e.g. employer, community leader etc)			

Current employer and previous employers for the last five years***Note:** Te Tihi will seek your consent prior to contacting your current employer.*

Name		From:	Position	
Address		To:	Contact phone	
Name		From:	Position	
Address		To:	Contact phone	
Name		From:	Position	
Address		To:	Contact phone	

Name		From:	Position	
Address		To:	Contact phone	
Name		From:	Position	
Address		To:	Contact phone	
Name		From:	Position	
Address		To:	Contact phone	

Health

The following information is required to assist Te Tihi to assess your ability to do the job and to meet its obligations under the Health and Safety in Employment Act and Injury Prevention and Rehabilitation and Compensation Act.

Have you had an injury or medical condition caused by gradual process, disease or infection for example hearing loss, sensitivity to chemicals, repetitive strain injury which the tasks of this job may aggravate or contribute to?	Yes	No
If yes, please give details:		
Have you any condition which may affect your ability to carry out effectively and safely the functions and responsibilities of this position?	Yes	No
If yes, please give details:		

Criminal Convictions and Charges Pending

It is important for Te Tihi to identify whether potential employees have criminal convictions or charges pending that may affect their employment. We understand and respect an applicant's right to privacy and the information will only be used for the purpose of determining whether an applicant is suitable for employment.

Have you ever been convicted of any offence against the law other than minor traffic offences?	Yes	No
If yes please give details:		
Do you have any criminal charges pending?	Yes	No
If yes please give details:		
I authorise disclosure to Te Tihi by New Zealand Police of ANY information that may be held by Police, including any interaction I have had with Police in any context or any information received by Police. I understand that this is not limited to conviction information. Where that information relates to any record of criminal convictions I might have, I understand that it will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.	Yes	No
Place of birth:	Drivers licence number:	
Sex: M/F	Date of Birth:	
Ethnicity:		

Vulnerable Children Act 2014

In line with the Vulnerable Children Act 2014 and our service agreement with MidCentral DHB, any offer we make will be conditional on the successful completion of a Safety Check which includes a Police Vetting Check. Should you be successful, and have commenced your new role prior to us receiving the results of your check, and we have concerns regarding any matter identified in the Police Check, we will ask to meet with you to discuss these concerns. If we are unable to resolve any of these concerns your continued employment at Te Tihi could be at risk.

Is there any reason, including past events, as to why you would pose any risk whatsoever to children if you were appointed to this position?	Yes	No
If yes please give details:		
Do you have any convictions that would preclude you from being engaged as a Children's Worker?	Yes	No
If yes please give details:		

Are there any investigations or other matters that may be disclosed in the safety checking process?	Yes	No
If yes please give details:		
Has there ever been a time when you have had to deal with a sensitive situation with a child/young person? Was there anything about that, which made you feel uncomfortable?	Yes	No
If yes please give details:		
What do you think constitutes professional practise when working with children?		

Further Information

It is important for Te Tihi to identify whether potential employees have any actual or perceived conflicts of interest or personal circumstances that may affect their ability to carry out the tasks of this role. We understand and respect an applicant's right to privacy and the information provided will only be used for the purpose of determining whether an applicant is well placed to successfully perform in the role.

Do you have any conflict of interest, personal relationships or other personal circumstances that has potential or actual ability to impact on the effectiveness of the service provided by this role, the consumers of these services, or your own safety?	Yes	No
If yes please give details:		

Declaration

I, _____ (full name) declare that to the best of my knowledge the statements made in this application are true. I understand that if any false information is given, or material fact suppressed, I may be disqualified from appointment, or if appointed, liable for dismissal. I also understand that the information given in the Health Section of this form may be requested by ACC.

Signature: _____ Date: _____