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| --- | --- | --- | --- | --- | --- |
| Role applied for: | | | Date | | |
| Personal information | | | | | |
| Last Name | | First Name(s) | | | |
| Physical/Street Address | | Postal Address Same as Physical 🖵 Or add different postal address | | | |
| Mobile phone number | | Landline phone number | | | |
| Email | | | | | |
| Professional membership or registration | | | | | |
| Are you a member of any professional bodies or regulatory authority? Please list below. | | | | | |
| **Related Parties** | | | | | |
| Of your knowledge, are you related to any parties employed by the SWRB?   |  |  | | --- | --- | | No 🖵 | Yes 🖵 (If “Yes”, please give details). |   Details | | | | | |
| Health | | | | | |
| Do you have, or have you had, any injury or medical conditions caused by gradual process, disease or infection — e.g. hearing loss, sensitivity to chemicals, occupational overuse syndrome (OOS), back injury or strain, asthma, allergies, stress-related conditions - which might be aggravated by the requirements of this position or prevent your carrying out its responsibilities? | | | | | |
| No 🖵 | Yes 🖵 (If “Yes”, please give details). | | | | |
| Details | | | | | |
| Are there any other reasons that may prevent you from performing the role that you have applied for?  (Mental health, responsibility for others that may impact reliability)? | | | | | |
| Right to work in NZ | | | | | |
| Do you need a work permit to work in New Zealand? | Yes 🖵 | | | No 🖵 | |
| If “Yes”, please note the date of expiry of this permit: | Expires: | | | | |
| If “Yes”, please attach a copy of the permit to this application. | | | | | |
|  | | | | | |
| Professional conduct | | | | | | |
| Have you ever been charged with (including pending prosecutions) or convicted of a criminal offence?  (Conmvictions that fall under the clean slate scheme do not have to be disclosed)  **Please note:** the Social Workers Registration Board police vet once a contract has been offered.  If yes, please provide details here: | | | Yes 🖵 | | No 🖵 | |
| Has any employer taken disciplinary actions against you in the past or are you currently under investigation?  If yes, please provide details here: | | | Yes 🖵 | | No 🖵 | |
| **Registered staff only:**  Has any professional body taken any disciplinary action against you in the past or is there any action pending by a professional body which may affect your ability to carry out the duties required for the position for which you are applying?  If yes, please provide details here: | | | Yes 🖵 | | No 🖵 | |
| Serious misconduct – for those currently working in Public Service or Statutory Crown Entity | | | | | |
| Do you consent to the disclosure to [insert your agency name] 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. | | | | | |
| Do you consent? | Yes 🖵 | | | No 🖵 | |
| I would like to discuss this before is is undertaken. |  | | | | |

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| --- | --- |
| Declaration: I confirm that the information contained in this application form is complete and accurate and understand that if I am a successful candidate my employment may be terminated if any information is found to be inaccurate or incomplete. | |
| Applicant’s Signature | Date |
| The information you provide will be used by authorised employees to consider your suitability for the position you have applied for. If your application is unsuccessful, this application form will not be retained. | |