

# Application for employment

Position applying for:

## Personal information

First name:

Preferred name:

Last name:

Email:

Preferred contact phone number:

Address:

Postcode:

To be legally able to work in New Zealand you should be a New Zealand citizen, a permanent resident or have a current work visa/permit.

Are you a New Zealand citizen?  Yes  No Are you a permanent resident of New Zealand?  Yes  No

Do you have a current work visa/permit?  Yes  No

(Please attach a copy of your work permit and/or residents permit if applicable with your application)

Do you have a current full drivers licence?  Yes  No

Do you have or have you had an injury, disability or illness which could be further aggravated by any tasks you may be expected to perform?  Yes  No

(Please note: this information is required to assist us in meeting our obligations to provide a safe workplace for staff. Declarations of disability or medical condition will not affect your employment opportunity)

If yes, please describe any technical aids, equipment or adaptations to the workplace that you need in order to safely carry out the full tasks for the position you are applying for:

Have you ever been convicted of a criminal offence which is not covered by the Clean Slate Act 2004, or have you any pending criminal convictions?  Yes  No

If yes, please specify:

## Authority to practice (for clinical positions only)

Do you have a current practicing certificate?  Yes  No

What is your registration number?

Is your scope of practice/registration consistent with the position you have applied for?  Yes  No

Are there any restrictions/conditions on your scope of practice?  Yes  No

Are you currently working under supervision or constraints?  Yes  No

Have you worked in the past under supervision or constraints?  Yes  No

If yes, please provide details:

(Please attach a copy of the appropriate certificate/registration with your application)

Are you fully vaccinated against Covid-19 (2 doses plus 1 booster)?  Yes  No

If yes please specify the vaccine:

## Authorisation and declaration

I,

authorise Mary Potter Hospice to use the information sought for the purpose of ascertaining my suitability for the position I am applying for. I declare that the statements made in this application and in any supporting evidence supplied by me, are true and complete to the best of my belief.

I understand that if I have given incorrect or misleading information or have omitted any pertinent information, I may be disqualified from appointment or if appointed, I am liable to be dismissed.

By submitting my application or signing below, I understand and agree to the conditions of this declaration.

Signed (please type name):

Date: