



West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

APPLICATION FOR EMPLOYMENT FORM

E nga reo, e nga mana
Tena koutou katoa

The information you provide on this application form, along with any other information you supply, will be used by the Company for assessing your suitability for positions you are applying for, and for reasonable business purposes during your employment at West Coast District

Health Board if you are employed. The personal information contained in this form will be held by and remain confidential to West Coast District Health Board. Under the Privacy Act 1993, you have the right (with certain exceptions) to request access to, and correction of, any personal information held by the company. **Please attach a copy of your CV, including copies of other supporting information.**
DO NOT SEND ORIGINALS.

IT IS ESSENTIAL TO ANSWER ALL SECTIONS

We are committed to a policy of Equal Employment Opportunity (EEO). We welcome applications from all people able to fill the position regardless of gender, disability, sexual orientation or ethnic background.

Position Applied For

Location

Appropriate Position Description sighted?

☐ Yes

☐ No

If your application is successful, when could you commence employment?

A Personal Details

A1 First Name(s)

Tō ingoa tuatahi

A2 Surname

Tō ingoa whānau

A3 Preferred Name

A4 Home Address

Wahi kāinga

A5 Postal Address

Tō kāinga tuku mēra

A6 Email Address

Turanga Imera

A7 Contact Phone Numbers

Ngā nama waea whakapā atu

Home

Kāinga

Cell

Waea Pūkoro

Work

Mahi

A8 May we contact you at work?☐ Yes

Ae

☐ No

Kaore

(This information is only required for statistical purposes)

A9 WHICH ETHNIC GROUP(S) DO YOU BELONG TO? (Please tick the box/es which apply to you)

Momo iwi?

☐ New Zealand European☐ Maori☐ Samoan☐ Chinese☐ Tongan☐ Nieuuan☐ Cook Island Maori☐ Indian☐ Other**A10 (If you selected 'Other', please state)****B Work Status****B1 Immigration / citizenship** (Select one below)☐ I am a New Zealand Citizen.☐ I have a permanent residence status.☐ I have a current work visa/permit. ...**Visa/Permit Expiry Date****What is your country of origin?****What is your current citizenship?***If invited to an interview please provide originals of documentation for sighting.***B2 Employment with this District Health Board** (Select one below)☐ I am a current employee of this DHB.☐ I have previously worked for this DHB.☐ I have never worked for this DHB.**If one of the first two options applies, what position(s) do you currently hold or did hold?****Will you be retaining this/these positions if successful?** ☐ Yes ☐ No**If YES, please provide further Information**

Authority to practice - Applies to Health Practitioners covered by HPCA Act (or where WCDHB has determined registration mandatory).

B3 Do you have a current NZ APC / Registration? ☐ Yes ☐ No

If YES, what is the expiry date?

(Please attach copies of the above documents. If you are invited to attend an interview, please provide original documentation for sighting and copying.)

C Fitness to Undertake Work

The purpose of gathering the following information is to enable West Coast DHB to determine whether you have any medical condition, injury or impairment which may affect your ability to perform the in the position being applied for. It will also identify areas where there could be a health and safety risk to yourself or others relating to such condition, previous injury or impairment.

C1 Have you ever had significant time off work (within last two years) as a result of an illness, injury or infection that may affect your ability to perform the job applied for? ☐ Yes ☐ No

If yes, please give brief details (including estimate of time off, year of occurrence and reason):

C2 Have you ever consulted a health professional for a gradual process illness, injury or infection? ☐ Yes ☐ No

If yes, please specify details:

C3 Do you have any other medical conditions, injury, impairment (including chemical sensitivities, allergies, hearing or eyesight difficulties) or any other factor that could affect your ability to undertake, or be aggravated by, the role that you have applied for, or your employment in general, or might affect you from attending work regularly? ☐ Yes ☐ No

If yes, please specify details:

Note: A prior OOS (RSI) or back condition may not prevent you working for West Coast DHB, although injury documentation may be requested.

C4 Have you now, or at any time in the past, had any problems with or addictions to alcohol or drugs? ☐ Yes ☐ No

If yes, please specify details:

C5 Do you have any disability needs, which will require accommodation if you are successful with your application?

☐ Yes

☐ No

If yes, please explain:

D Other

D1 Do you hold a current drivers licence? ☐ Yes ☐ No

If yes, class covered:

The following question relates to your credibility and suitability for employment in a Health organisation.

D2 Have you any criminal convictions or actions pending which could result in a criminal conviction in New Zealand or overseas and/or are you aware of any pending matter which may affect the status of your current licence?

☐ Yes

☐ No

If yes, please specify details:

D3 Do you consent to West Coast DHB undertaking a criminal record check, if required?

☐ Yes

☐ No

D4 Has your professional body taken any disciplinary action against you in the past or is there any action pending by your professional body which may effect your ability to carry out the duties required for the position you are applying?

☐ Yes

☐ No

If yes, please specify details:

The following sections E to G only need to be completed if the information is not provided in your CV.

E1 E Education and Training

	Name and Location of Establishment	Years		Qualifications obtained
		From	To	
Secondary				
University				
Vocational				

E2 Where Vocational Qualifications have areas of specialisation, please specify:

E3 Membership of any Society / Professional Association(s):

E4 Are you studying at present? ☐ Yes ☐ No

If yes, what courses?

F1 F Special Courses / Training Undertaken

From	To	Course Title	Establishment	Brief Details

G1 G Employment History

From	To	Employer	Position	Full Time	Part Time	Reason for Leaving
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

H Referees

- H1** Please provide names, addresses, phone numbers, company and occupation of two people (three for Senior Medical Officers) who may be contacted to provide information to the selection panel in respect to your suitability for this position. One of these people should be a current or recent employer. All referees' reports obtained will remain confidential and shall not be released, nor their contents disclosed, to any other person, including the applicant.

Please advise Human Resources if you do not wish a referee to be contacted at this time.

Name	Occupation	Company	Address	Telephone

- H2** I consent to West Coast District Health Board seeking verbal or written information on a confidential basis for the purpose of assessing my suitability for the position I am applying for and to any other person holding personal information about me supplying that information to WCDHB in confidence for this purpose.

☐ Yes ☐ No

I Application Information (for statistical purposes)

- I1** How did you first learn of this vacancy? (Select one only.)

- | | | |
|---|-----------------|----------------------|
| <input type="checkbox"/> Newspaper Ad | Please specify: | <input type="text"/> |
| <input type="checkbox"/> Journal / Newsletter Ad. | Please specify: | <input type="text"/> |
| <input type="checkbox"/> Internet Site | Please specify: | <input type="text"/> |
| <input type="checkbox"/> Employment Agency | Please specify: | <input type="text"/> |
| <input type="checkbox"/> Personal Enquiry | Please specify: | <input type="text"/> |
| <input type="checkbox"/> Word of Mouth | Please specify: | <input type="text"/> |
| <input type="checkbox"/> Other, e.g. Career Expo | Please specify: | <input type="text"/> |

J Attachments

- J1** I have attached the following in support of this application:

- ☐ My CV
- ☐ Covering letter
- ☐ Registration details

Or, add comment in support of your application:

K Statement Of Agreement

K1 I have no objections to West Coast District Health Board verifying the statements I have made on this application form, however I understand that my present employer will not be contacted without my consent.

I acknowledge that West Coast DHB may contact the above referees for further information. I understand and accept that any references that are obtained by West Coast DHB will be confidential and will be used by West Coast DHB solely to evaluate my suitability for employment with West Coast DHB and I will not be entitled to have access to any references obtained.

I agree that if I am chosen as the preferred candidate for a position, and I have answered "yes" to any of the Health Section questions, I may be required to have a medical assessment by a medical assessor chosen by West Coast DHB, at West Coast DHB's cost.

In the event I am required to undergo a medical assessment I consent to West Coast DHB receiving the relevant medical information from the assessor. I also agree that West Coast DHB may seek additional relevant information from any other treatment providers I have seen, and those providers may disclose that information to West Coast DHB.

I certify that to the best of my knowledge the answers given and any documents in respect of this application are true and correct. I understand and acknowledge that any position I may be offered could be based on the answers

and the details I have provided. I also understand and acknowledge that if I have misled West Coast DHB or provided any false information, I may not be accepted for a position at West Coast DHB, or if I am employed, I may be dismissed.

K2 ☐ Yes, I agree.

K3 Date:

K4 Full Name (Print Clearly)

Please also print this form and sign below if you are submitting this application form by postal service.

K5 Signature

Your signature is not needed here if you submit this form via email.