* Thank you for your interest in joining the team here at Hospice Taranaki – your full and honest completion of this form is an important part of your recruitment process.
* Please attach a cover letter outlining your suitability for this vacancy and a CV when you return this application .
* All potential employees must undergo Police vetting and Health Checking. Satisfactory results will be required before an offer of employment becomes unconditional.
* All potential staff must be fully vaccinated against COVID 19
* In the event your application is unsuccessful we will keep your details on file for 6 months.
* Hospice Taranaki is a palliative care service and in line with its holistic approach to this work does not offer any services that are part of the End of Life Choice Act. It does not permit any of its staff, contractors or volunteers nor its facilities to be involved with the provision of any end of life action.
* We wish you luck with your application!

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| **THE JOB YOU ARE APPLYING FOR:** |
| What job are your applying for? |  |
| If you are successful are you planning to do any other paid work?Please provide details here |  |
| If your application is successful when would you be able to start? |  |

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| **YOUR PERSONAL INFORMATION** |
| First name |  |
| Surname |  |
| Preferred name (if not your first name) |  |
| Address |  |
| Postal address if different from above |  |
| Home Telephone number |  |
| Mobile number |  |
| Email address |  |
| How would you like us to contact you during the recruitment process? | 🞎 Email 🞎 Mobile🞎 Home Phone 🞎 other please specify |
| Ethnicity |  |

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| **YOUR RECENT EMPLOYMENT HISTORY** **(no need to complete this section if the information in in your CV)** |
| Employer |  |
| Position Title |  |
| Key responsibilities |  |
| Length of time in role |  |
| What was your reason for leaving? |  |

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| Employer |  |
| Position Title |  |
| Key responsibilities |  |
| Length of time in role |  |
| What was your reason for leaving? |  |

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| Employer |  |
| Position Title |  |
| Key responsibilities |  |
| Length of time in role |  |
| What was your reason for leaving? |  |

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| **SECONDARY EDUCATION ( no need to complete this section if the information in in your CV)** |
| Training provider | Years attended | Qualification gained | Year awarded  |
|  | To | From |  |  |
|  |  |  |  |  |

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| **YOUR OTHER ACEDEMIC OR PROFESSIONAL QUALIFICATION** **(no need to complete this section if the information in in your CV)** |
| Training provider | Years attended | Qualification gained | Year awarded  |
|  | To | From |  |  |
|  |  |  |  |  |
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| **CLINICAL QUALIFICAITONS (Applicable to Medical, Nursing & Counselling roles only)** |
| Do you hold a current New Zealand Annual Practicing Certificate? If yes, please attach a copy to this form |  Y 🞎 |  N 🞎 |
| Are there any pending or previous investigations regarding your practice?If yes, please provide details.  |  Y 🞎 |  N 🞎 |

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| **IF YOU ARE NOT A NEW ZEALAND CITIZEN. . .**  |
| Do you have a New Zealand resident or permanent resident visa? |  Y 🞎 |  N 🞎 |
| Do you have a visa to work in New Zealand? |  Y 🞎 |  N 🞎 |
| Please attach a copy of your visa with this application  |  |  |

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| **YOUR REFERENCE CHECKS**  |
| Even if this is included in your CV please provide the information again here as we need your written authority to contact referees. We require at least two referees who should be your previous or immediate past employers. They must have been senior to your and one needs to be your manager.Please be aware that the information provided by your referees is considered evaluative material under the Privacy Act and will not be made available to you.*Please asterisk (\*) those referees that you do not wish us to contact without your prior approval – e.g. you current manager.* |
| Referee Name |  |
| Referee phone number/s |  |
| Referee Occupation and organisation |  |
| Relationship to you |  |
|  |  |
| Referee Name |  |
| Referee phone number/s |  |
| Referee Occupation and organisation |  |
| Relationship to you |  |
|  |  |
| Referee Name |  |
| Referee phone number/s |  |
| Referee Occupation and organisation |  |
| Relationship to you |  |

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| **YOUR ABILITY TO DRIVE VEHICLES**  |  |
| Please tell us about your driver licence status. | 🞎 Full New Zealand licence🞎 Provisional New Zealand Licence🞎 Other (international licence, overseas licence) |

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| **YOUR CRIMINAL HISTORY** |
| Have you ever been charged with a criminal offence?If yes, please provide details |  Y 🞎 |  N 🞎 |
| Are you currently under investigation for any criminal matters?If yes, please provide details | Y 🞎 | N 🞎 |
| If successful , would you be willing to undergo a Police Vetting Check? | Y 🞎 | N 🞎 |

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| **YOUR ABILITY TO WORK** |
| Do you have any physical or mental health issues which may impact on your ability to undertake the role you have applied for?If yes please provide details | Y 🞎 N 🞎 |
| **COVID 19 vaccintation** - For roles working within the inpatient unit, community and retail it is mandatory that staff are fully vaccinated please attach a copy of your COVID-19 vaccination record I am fully vaccinated 🞎 Copy of card/certificate attached 🞎 |

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| **YOUR DECLARATION**  |
| Please check þ the relevant answer to each question below, then sign to confirm your responses. |
|  |
| I have not deliberately failed to disclose anything than may materially influence Hospice Taranaki’s decision to employ me. I declare that everything I have told you or given to you in writing in respect of my qualifications and experience is true and complete.  | Y 🞎 |  N 🞎 |
| I understand that if I am employed by Hospice Taranaki, and any false information was given, or any material supressed during the recruitment process, it will be regarded as serious misconduct and may result in dismissal | Y 🞎 | N 🞎 |
| I confirm I have the legal right to work in New Zealand and if employed I will provide my original passport/Visa/Work permit for Hospice Taranaki to fulfil their obligations and an employer. I agree that the information I provide can be used to confirm my work entitlement and identity. | Y 🞎 | N 🞎 |
| I authorise Hospice Taranaki to contact my referees as listed and agree that all referee reports will be confidential to Hospice Taranaki and will not be made available to me. | Y 🞎 |  N 🞎 |

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| --- | --- |
| Name |  |
| Signature |  |
| Date of Signing |  |

Thank you for taking time to complete this form.

Any question please email to Vacancy@HospiceTaranaki.org.nz

Updated October 2021 For review Oct 2023