

- 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.
- 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!

THE JOB YOU ARE APPLYING FOR:

What job are you 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?	

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?	<input type="checkbox"/> Email <input type="checkbox"/> Mobile <input type="checkbox"/> Home Phone <input type="checkbox"/> other please specify
Ethnicity	
Iwi Affiliation/s if appropriate.	

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?	

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

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

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		

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		

CLINICAL QUALIFICAIONS (Applicable to Medical and Nursing roles only)

Do you hold a current New Zealand Annual Practicing Certificate? Y N

If yes, please attach a copy to this form

Are there any pending or previous investigations regarding your practice? Y N

If yes, please provide details.

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

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	

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)

YOUR CRIMINAL HISTORY

Have you ever been charged with a criminal offence? Y N

If yes, please provide details

Are you currently under investigation for any criminal matters? Y N

If yes, please provide details

If successful , would you be willing to undergo a Police Vetting Check? Y N

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? Y N

If yes please provide details

YOUR DECLARATION

Please check the relevant answer to each question below, then sign to confirm your responses.

I have not deliberately failed to disclose anything that 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 <input type="checkbox"/>	N <input type="checkbox"/>
I understand that if I am employed by Hospice Taranaki, and any false information was given, or any material suppressed during the recruitment process, it will be regarded as serious misconduct and may result in dismissal	Y <input type="checkbox"/>	N <input type="checkbox"/>
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 <input type="checkbox"/>	N <input type="checkbox"/>
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 <input type="checkbox"/>	N <input type="checkbox"/>

Name	
Signature	
Date of Signing	

Thank you for taking time to complete this form.