



APPLICATION FOR EMPLOYMENT

Dear Applicant

The information you provide on this application form, along with any other information you submit, will be used solely for the purpose of assessing your suitability for the position, which you are applying.

Failure to supply the information requested could prejudice Ngati Porou Hauora's ability to fully assess your suitability for the position.

If your application is successful, relevant information shall be retained and will form the basis of your confidential personal file. You are entitled to have access to your file on application.

Please attach a copy of your C.V. including copies of relevant Certificates. Do not send originals.

DECLARATION

I declare that all the information provided by me in support of my application is correct. I acknowledge that if I give incorrect or misleading information, or omit information of significance in respect of my suitability, I may be disqualified; or, if appointed, liable to summary dismissal. I also understand that if I give any false information in relation to my medical history it may result in the loss of any compensation from ACC, or prejudice my entitlement to paid sick leave.

I also understand that as a prerequisite for employment I may be required to undergo a pre-employment drug-screening, medical examination or health screen.

Applicant Signature: Date:

YOUR FULL NAME:

.....

YOUR ADDRESS:

.....
.....
.....

CONTACT DETAILS (include Country/Area Code)

Home Ph: Work Ph: Mobile:

Email:

POSITION APPLIED FOR:

.....

SECONDARY EDUCATION:

School Cert. / NCEA Level:

RELEVANT QUALIFICATIONS (Tertiary / Trade / Professional etc.):

.....
.....
.....

PRESENT/MOST RECENT EMPLOYER (delete as necessary):

| | | |
|-------------------|------------------------|-------------------|
| Name of Employer: | Position you hold/held | Length of Service |
| | | |

We may contact your present/most recent employer for a reference? YES / NO

YOUR EMPLOYMENT HISTORY:

List all employment in order starting with the most recent. Continue on a separate sheet if required.

| Name of Employer | Position Held | Length of Service | Reason you left |
|------------------|---------------|-------------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

REFEREES

Please provide name, address, phone/fax and position held of three persons who maybe contacted to provide information to the selection panel in respect of your suitability for the position applied for.

One of these persons should be a current or recent employer.

All referees report obtained or provided for this purpose shall be and remain confidential and shall not be released, nor their contents disclosed, to any other person, including the applicant.

1. Name: Position or capacity in which known:

Address:

.....

.....

Phone/fax (include area/country code):

2. Name: Position or capacity in which known:

Address:

.....

.....

Phone/fax (include area/country code):

3. Name: Position or capacity in which known:

Address:

.....

.....

Phone/fax (include area/country code):

I consent to Ngati Porou Hauora seeking verbal or written information on a confidential basis for the purpose of assessing my suitability for the position I am applying for. YES / NO

AUTHORITY TO PRACTISE (if required of the position)

Are you registered with the relevant NZ Trade or Professional Body? YES / NO

Do you have a current Practising Certificate? YES / NO

If you have answered NO to either question, what action have you taken to obtain same?

CONVICTIONS AGAINST THE LAW

Within the past ten years have you been convicted of any offence other than minor traffic? YES / NO

Or have you ever been the subject of a professional disciplinary enquiry? YES / NO

Do you have any criminal or major traffic charges pending? YES / NO

If you have answered YES to either question please provide brief details in a sealed envelope, marked CONFIDENTIAL and address it to the Personnel Officer. Attach the envelope to your application.

You must also complete the attached Police Vetting Consent Form.

WORK PERMIT

Are you legally entitled to work in New Zealand? YES / NO

If you answer NO what steps have you taken to enable you to work in New Zealand?

HEALTH DECLARATION

Have you ever had any injury or medical condition caused by gradual process, disease or infection - for example sensitivities to chemicals, repetitive strain injuries (RSI or OOS), hearing loss, etc. - that may be aggravated or further contributed to by the tasks of this job? YES / NO

If YES please detail:

Are you aware of any health or related problem you have which may affect your ability to perform the tasks of this job, or which we should take into account should you be successful in getting the position? YES / NO

If YES please detail:

NOTES FOR APPLICANTS

- 1 The applicant may be accompanied by any supplementary information, including CV.
DO NOT send originals of certificates, references, etc.
- 2 If your application is for a specific advertised position you will be advised of the outcome as soon as possible after any closing date, or when an appointment decision has been made.
- 3 Should your application be successful you will need to produce the following information on commencement:
 - Evidence of qualification; Practising Certificate, etc. as required for the post;
 - Your IRD number;
 - Your bank account number;
 - Work permit or other evidence of authority for employment in New Zealand (if applicable).
- 4 If you are being appointed to a position involving patient contact you will be required to produce evidence of freedom from MRSA, and also your hepatitis B immunity status prior to commencement.
- 5 You will be required to undergo and pass a medical examination or health screening and also a pre-employment Drug Test as a prerequisite for employment.
- 6 Completed applications must reach the undersigned by 4pm on the advertised closing date. Send your full application to the advertised contact person/s.

Section 1: Approved Agency to complete

(For more information please see the [Guide to Completing the Consent Form](#) - <http://www.police.govt.nz/advice/businesses-and-organisations/vetting/forms-and-guides>)

Name of Approved Agency submitting vetting request:

Name of Applicant to be vetted:

Description of Applicant's role:

Applicant's purpose

- Employee
 Contractor/Consultant
 Volunteer
 Prosecution
 Vocational Training
 Licence/Registration
 Visa/Work Permit
 Other

What group(s) will the applicant have contact with in their role for your agency?

- Children/Youth
 Elderly
 Other Vulnerable Adults
 Other

What is the applicant's primary role for your agency?

- Caregiving (Children)
 Caregiving (Vulnerable adults)
 Healthcare
 Education
 Other

Is this request mandatory under the Vulnerable Children Act 2014 (VCA)?

- Yes (VCA Core Worker)
 Yes (VCA Non-Core Worker)
 No (mandatory under other legislation/optional/standard Police Vet)

If this is a mandatory Vulnerable Children Act request, please specify the check reason below:

- New Children's Worker
 Existing Children's Worker
 VCA Renewal

Evidence of Identity (to be completed by agency representative/delegate or identity referee - see [guide](#) for details)

- A primary ID has been sighted (Mandatory – see the [guide](#) for further details)
 A secondary ID has been sighted (Mandatory – see the [guide](#) for further details)
 One form of ID is photographic (Mandatory – see the [guide](#) for further details)
 Evidence of name change has been sighted (if applicable)

OR: If your organisation is able to accept a verified RealMe identity then:

- An assertion of a RealMe identity has been received (see [guide](#) for further information).

In making this request, I confirm that:

- I have complied and will comply with the [Approved Agency Agreement](#)
 I am satisfied with the correctness of the applicant's identity
 I have obtained the Applicant's authorisation to submit this vetting request as set out in section 3 of this form

Approved Agency Authorised Representative:

Name: _____ Date: _____

Signature: _____ Electronic Signature

Name of Approved Agency submitting vetting request:

NGATI POROU HAUORA CHARITABLE TRUST

Section 2: Applicant to complete and return to Approved Agency

**Denotes a mandatory field*

Personal Information

Details (note: the name you are most commonly known by is your primary name)

*Family name (Primary):

Given name(s):

*Gender: (M) (F) (Other)

*Date of birth:
(dd/mm/yyyy)

Place of birth:
(Town/City/State)

*Country of birth

NZ Driver Licence number:

Previous names: If applicable, please include other alias or alternate names; married name if not your primary name; previous/maiden/name changed by deed poll or statutory declaration.

| Family name | First name | Middle names |
|-------------|------------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Permanent Residential Address

*Number/Street:

Suburb:

Post Code:

*City/Town/
Rural District:

Section 3: Applicant to complete and return to Approved Agency

Consent to release information

1. The New Zealand Police may release **any** information they hold relevant to the purpose of this vetting request. This includes:
 - Conviction histories and infringement/demerit reports
 - Active charges and warrants to arrest
 - Charges that did not result in a conviction including those that were acquitted, discharged without conviction, diverted or withdrawn
 - **Any** interaction I have had with New Zealand Police considered relevant to the role being vetted, including investigations that did not result in prosecution
 - Information regarding family violence where I was the victim, offender or witness to an incident or offence, primarily in cases where the role being vetted takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
 - Information subject to name suppression where that information is necessary to the purpose of the vet
2. If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released **unless**:
 - a. Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime)
 - Section 31(3) of the Vulnerable Children Act 2014 applies to this request (safety checks of core children's workers).
 - The vetting request is made by an individual for the purpose of an overseas Visa/Work Permit as a Privacy Act request authorising the vetting result to be provided directly to the relevant embassy, high commission or consulate.

Please see the [guide](#) for more information regarding the Clean Slate legislation.

3. The Police Vetting Service may disclose new relevant information to the Approved Agency after the completion of the Police Vet in the following circumstances:
 - The disclosure of the newly-obtained information is considered to be justified under the Privacy Act 1993 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
 - The Police Vetting Service has ascertained that the purpose of the Police vet (e.g. employment role) still exists.

The Vetting Service will endeavour to notify you prior to the disclosure.

4. Information provided in this consent form may be used to update New Zealand Police records.
5. I am entitled to a copy of the vetting result released to the Approved Agency (to be provided by the agency) and can seek a correction by contacting the Vetting Service.
6. The Approved Agency will securely dispose of this consent form, copies of identification documents and the vetting result within 12 months of receiving the result unless a longer retention period is required by legislation.
7. I may withdraw this consent, prior to Police's disclosure of the vetting result, by notifying the Approved Agency.

For further information, please see the [Guide to Completing the Consent Form](#).

Applicant's Authorisation:

- ✓ I confirm that the information I have provided in this form relates to me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand Police to disclose any personal information it considers relevant to my application (as described above) to the Approved Agency making this request for the purpose of assessing my suitability at any time.

Name: _____ Date: _____

Signature: _____