



APPLICATION FOR EMPLOYMENT

The information you provide on this application form, along with any other information you supply, will be used by the Company solely for assessing your suitability for positions you are applying for. The personal information contained in this form will be held by and remain confidential to Nelson Marlborough 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.** *Information relating to unsuccessful applicants will be destroyed by the Board within 12 months.*

IT IS ESSENTIAL TO ANSWER ALL SECTIONS

REFERENCE NUMBER:	POSITION APPLIED FOR:	Where did you see this advertised?
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TITLE <i>(optional)</i>	FAMILY NAME OR SURNAME:	GIVEN NAMES:
		Preferred name:

What other name(s) are you known by?
(include maiden name if previously employed under this)

POSTAL ADDRESS:	PHONE NO: (HOME)
	CELL PHONE:
	PHONE NO: (WORK)
	FAX:
POSTAL CODE	EMAIL:

Are you legally entitled to work in New Zealand?	YES	NO
Type of permit _____ Expiry Date _____		
Restrictions _____		
<i>(If no, any offer of employment will be conditional on you establishing a legal entitlement to work in the position)</i>		

Professional Affiliations (NB: This section is only to be completed if a requirement for the position applied for)

Are you currently registered with the appropriate professional body or trade group in New Zealand?	YES	NO
Do you have a current practising certificate? <i>(if yes, please attach copy)</i>	YES	NO
If you have answered NO to either question, what action have you taken to obtain Registration/Certification?		

Education – including Relevant Qualification (Secondary, Tertiary, Trade, Professional etc). Continue on a separate sheet if necessary

Please attach a disposable curriculum vitae (documents will not be returned) or list your skills, knowledge, special achievements or any other factors relevant to your application. Continue on a separate sheet if necessary

Your employment history: (Please list employment in order, starting with the most recent). Continue on a separate sheet if necessary

NAME OF EMPLOYER	POSITION HELD	DURATION

Have you previously been employed by Nelson Marlborough District Health Board?	YES	NO	If yes, position, date & Site
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REFEREES

Please provide names, addresses, phone/fax numbers, email address and positions held of three people 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:	PHONE/FAX:	<i>Please circle appropriate type:</i>
ADDRESS:		Personal
POSITION HELD:	EMAIL:	Work
NAME:	PHONE/FAX:	<i>Please circle appropriate type:</i>
ADDRESS:		Personal
POSITION HELD:	EMAIL:	Work
NAME:	PHONE/FAX:	<i>Please circle appropriate type:</i>
ADDRESS:		Personal
POSITION HELD:	EMAIL:	Work

I consent to Nelson Marlborough 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 NMDHB in confidence for this purpose.

GENERAL

Do you hold a current full driver's licence?	YES	NO	Class(es) covered:
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HEALTH

In order to ensure that we are able to provide a safe environment for patients and staff in the workplace

a) What is your general state of health?

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b) Are you aware of any condition or disability which may affect your ability to carry out the requirements of this position e.g. sensitivity to chemicals, repetitive strain injuries, hearing loss, back injury or recurring back pain etc or that may be aggravated by the tasks of this job?

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c) Do you have any condition or disability which may affect patients or other staff e.g. substance abuse, infectious diseases? Please explain.

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d) Have you had a claim accepted by ACC for any injury within the last 5 years?

YES	Please give details	
NO		

NB: NMDHB may require and provide a medical assessment prior to appointment.

CONVICTIONS AGAINST THE LAW

Within the past 10 years have you been convicted of any offence (apart from minor traffic offences) against the law in New Zealand or overseas?	YES	NO
Do you have any criminal or major traffic charges pending?	YES	NO
<i>If you have answered YES to either question, please provide brief details in a sealed envelope marked CONFIDENTIAL and address it to Human Resources. Attach the envelope to your application.</i>		

DECLARATION

I declare that all the information provided by me in support of my application is correct. I acknowledge that if I have provided incorrect or misleading information, or have omitted information of significance, I may be disqualified from the appointment, or if appointed, liable to be dismissed. I also understand that any false information in relation to my medical history may result in my loss of entitlement for any compensation from ACC. (Section 7 (6) of Accident Rehabilitation and Compensation Insurance Act 1992) In signing this application the applicant authorises Nelson Marlborough District Health Board, under the Privacy Act 1993, to obtain personal information, pertinent to this application.

Signature:	Date:
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**PLEASE RETURN THE COMPLETED FORM & ATTACHMENTS (these need to be disposable as they will not be returned) TO THE APPROPRIATE ADDRESS: HUMAN RESOURCES, NELSON HOSPITAL, PRIVATE BAG 18, NELSON.
Or HUMAN RESOURCES, WAIRAU HOSPITAL, P.O. BOX 46, BLENHEIM.**