

Information collected on this form is used to assess your suitability for employment within Te Whare Mahana. This information will be held in a secure place with only authorised staff having access to it. You have the right to access this personal information and to seek any correction you think is necessary to ensure accuracy.

Role Details

Position:

Where did you see the vacancy advertised:

When could you commence employment:

Personal Details

First Name:

Last Name:

Other Names (name change, alias, etc):

Do you hold a current full NZ drivers licence?:

YES

NO

Do you have a current first aid certificate?:

YES

NO

Contact Details

Home Address:

Postal Address:

e-mail:

Phone:

Mobile:

If you are happy for us to contact you at work please provide your work number:

Work:

Ethnicity

NZ European/Pakeha

Pacifica

NZ Maori (please state your iwi)

Other (please state)

Work Status

Are you an NZ citizen?:

YES

NO

Do you have permanent NZ residency status?:

YES

NO

Do you have a current NZ work permit?:

(if YES please provide detail below)

YES

NO

Qualifications			
Educational Facility	From	To	Qualification

Professional Registration (if applicable to the position)		
Registration Details	Registration number	Expires
Do you have any restrictions on your registration/s?: (if YES please provide detail below) <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you currently, or have you ever been, the subject of an investigation, in New Zealand or in another country in respect of any matter that may be the subject of professional disciplinary proceedings? (if YES please provide detail below) <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever breached any code of ethics relating to boundary issues regarding client relationships? (if YES please provide detail below) <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employment History		
Employer:		
Job Title:	From:	To:
Reason for leaving:		
Employer:		
Job Title:	From:	To:
Reason for leaving:		
Employer:		
Job Title:	From:	To:
Reason for leaving:		

Other Relevant Experience

Details	From	To

Fitness to Work

Have you ever been the subject of disciplinary action or been dismissed by a previous employer:

(if YES please provide detail below) YES NO

Do you currently have any health condition which is likely to interfere with your ability to work?

(if YES please provide detail below) YES NO

What is your current COVID-19 vaccination status (Please provide proof):

Not vaccinated Exemption 1st dose 2nd dose Fully vaccinated (Booster)

Are there any disability needs, which will need to be accommodated if you are successful with your application?

(if YES please provide detail below) YES NO

Have you now, or at any time in the past, had any problems with or addictions to alcohol or drugs?

(if YES please provide detail below) YES NO

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 matters pending? (*a criminal record check will be required upon commencement of employment – see below*)

(if YES please provide detail below) YES NO

Do you consent to TWM undertaking a criminal record check??

YES NO

Please note - Under the provisions of the Criminal Records (Clean Slate) Act 2004, you do not have to disclose details of offences against the law if you meet the following criteria:

- No convictions within the last 7 years **AND**
- You have never been sentenced to a custodial sentence **AND**
- You have never been ordered by a court, following a criminal case, to be detained in a hospital due to a mental condition **AND**
- You have no convictions for 'specified offences' under the Act **AND**
- You have never been indefinitely disqualified from driving.

Referees (One referee should be your current manager)

Title and name:

Address:

Dates worked together

From:

To:

Phone:

Fax:

Email:

Title and name:

Address:

Dates worked together

From:

To:

Phone:

Fax:

Email:

Title and name:

Address:

Dates worked together

From:

To:

Phone:

Fax:

Email:

Declaration

I hereby certify that I am the person making this application and that the information I have given in this application is true and correct.

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

I accept that if I have given incorrect or misleading information, or have omitted any pertinent information in my application or supporting documentation, I may be disqualified from appointment or, if appointed, liable to be dismissed.

Date:

Signature:

X

Applicant

Please return this completed form along with your CV and covering letter

E: twm@twm.org.nz

F: +64 3 525 7105

M: 163 Commercial Street, Takaka 7110

We thank you for your application



Te Whare
Mahana
Trust