*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 driver’s 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 a New Zealand 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) | [ ]  YES [ ]  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) | [ ]  YES [ ]  NO |
|       |
| Have you ever breached any code of ethics relating to boundary issues regarding client relationships? |
|  (If YES please provide detail below) | [ ]  YES [ ]  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 |
|       |
| 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: |  |

|  |
| --- |
| ***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 applicatio**n* |