



MIDCENTRAL DISTRICT HEALTH BOARD

Te Pae Hauora o Ruahine o Tararua

**FOR SENIOR MEDICAL &
DENTAL OFFICERS/CONSULTANTS:**

Medical Recruitment

MidCentral District Health Board
Private Bag 11036, Palmerston North 4442
New Zealand
Phone: + 64 6 350 8204
Fax: + 64 6 350 8982

**FOR RESIDENT
MEDICAL OFFICERS:**

Medical Recruitment

MidCentral District Health Board
Private Bag 11036, Palmerston North 4442
New Zealand
Phone: + 64 6 350 8828
Fax: + 64 6 350 8627

Thank you for your enquiry for a position at MidCentral District Health Board.

To assist you with your decision, enclosed is a job description and application form. Please note it is in your best interest to complete the application form fully as this assists us in the selection process.


Please return the completed application form, together with an updated curriculum vitae giving details of qualifications, previous work experience and any supporting documentation to Medical Recruitment, by the stated closing date.

Thank you for your interest in working with MidCentral District Health Board.



APPLICATION FOR EMPLOYMENT (CONFIDENTIAL)

POSITION APPLIED FOR: _____ Vacancy #: _____
Department/Location: _____



We are committed to a policy of Equal Employment Opportunity (EEO).
We welcome applications from all people able to fill the position regardless of gender, disability, sexual orientation or ethnic background.
The information that you provide on this application form is required as part of the organisation's selection and appointment process. It will be viewed by members of the appointments committee, Human Resources and referred to more senior managers or the Occupational Health Unit if necessary. It is in your interest to complete this application form fully.
Please also provide your detailed curriculum vitae (CV).
If you mail your application and would like your CV returned at the completion of the recruitment process, **please include a self addressed envelope with your application.**

Last name: _____
First name(s): _____
Preferred name(s);
If different from first name _____
Maiden or other name(s);
Previously known by _____
ADDRESS: _____

PHONE: (Home) _____
(Business) _____
FACSIMILE: (Home) _____
(Business) _____
MOBILE PHONE: _____
E-MAIL ADDRESS: _____
BIRTH DATE (Optional): _____

Have you ever worked for MidCentral District Health Board or its predecessors previously? Yes No

If yes, dates worked _____ Position held _____

How did you find out about this job (specify publication if applicable)? _____

DEMOGRAPHICS: (Optional)
Tick those with which you identify:
GENDER: Female Male Gender Diverse
ETHNICITY: NZ European Maori Samoan Cook Island Maori Tongan Niuean Chinese
 Indian Other (such as Dutch, Japanese, Tokelauan please state) _____

**COMPLETED APPLICATIONS SHOULD BE ADDRESSED
TO THE PERSON INDICATED IN THE CONDITIONS OF APPOINTMENT, OR ADVERTISEMENT.**

CLINICAL/CREDENTIALING REFEREES

List the names and contact details of at least three professional colleagues you authorise us to contact to obtain referee and credentialing reports. "Credentialing is the process of assessment and validation of the qualifications, experiences, clinical ability and competence of prospective and new Senior/Junior Medical Officers." At least two of your referees should work within your speciality. One referee must be from your current or most recent appointment.

(1) Name and Job Title: _____

Address: _____

Contact Phone Number: _____

Fax Number *(if available)*: _____

E-mail Address *(if available)*: _____

Position of referee in relation to you: _____

(2) Name and Job Title: _____

Address: _____

Contact Phone Number: _____

Fax Number *(if available)*: _____

E-mail Address *(if available)*: _____

Position of referee in relation to you: _____

(3) Name and Job Title: _____

Address: _____

Contact Phone Number: _____

Fax Number *(if available)*: _____

E-mail Address *(if available)*: _____

Position of referee in relation to you: _____

Earliest date able to commence duty if required: _____

QUALIFICATIONS

Further education relevant to your application (include fellowships, board examinations and college membership/s).

Training Institution/Provider	Years Attended		Qualification	Year Awarded
	From	To		

Do you hold a current New Zealand Driving Licence? <input type="checkbox"/> Yes <input type="checkbox"/> No Class of licence _____

PRESENT OR LATEST EMPLOYMENT

Position: _____ Date started: _____

Employer: _____

Reason for leaving, or wanting to leave: _____

PREVIOUS EMPLOYMENT

Your full employment record is required. *(Show present position first - it is essential dates are accurate. Where possible show day and month as well as year. Additional information or curriculum vitae may be attached to this form.)*

Start Date	Finish Date	Employer's Name & Address	Position Held*

* Under 'Position Held', please state specifically eg. House Officer - Women's Health.

NB: You may complete this application form to show your qualifications, latest and previous employment, or alternatively, include this information on your curriculum vitae.

AUTHORITY TO PRACTICE

Do you have a current New Zealand Annual Practising Certificate/Registration? Yes No

Please attach copies of the above documents. If you are invited to attend an interview, please produce original documentation for sighting and copying.

IMMIGRATION STATUS (if applicable)

Are you legally entitled to work in New Zealand? Yes No

Which of the following do you hold:

- New Zealand residency? Yes No Details _____
- Work Visa/permit? Yes No
- Visitors Visa? Yes No Details _____

If you hold a Work Visa/permit, when will it expire? _____

What is your country of origin? _____ What is your current citizenship? _____

If appointed please produce originals of documentation for sighting.

PROFESSIONAL DISCIPLINE

Have you been subject to a professional disciplinary inquiry or have knowledge of an event that might give rise to a disciplinary inquiry? Yes No

If yes, please give details _____

HEALTH

Do you have any health conditions which could affect your ability to perform this job? Yes No

Please give details _____

DECLARATION

Applicants must complete this form personally and answer all questions. If incorrect or misleading information is given, applicants may be disqualified from appointment, or if appointed, liable for dismissal.

Applicants may supplement this form of application with a statement giving further particulars of qualifications and/or experience in support of their application.

I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE.

I authorise MidCentral District Health Board to contact the referees nominated and authorise the referees to release the requested information to MidCentral District Health Board. I agree and accept that all referees reports obtained for the purpose of this application will be confidential to MidCentral District Health Board and will not be made available to me.

APPLICANT'S SIGNATURE _____ DATE _____