



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 8011

OR FAX: + 64 6 350 8627

**FOR RESIDENT
MEDICAL OFFICERS:**

MEDICAL RECRUITMENT

**MIDCENTRAL DISTRICT HEALTH BOARD
PRIVATE BAG 11036, PALMERSTON NORTH 4442
NEW ZEALAND**

PHONE: + 64 6 350 8827

FAX: + 64 6 350 8011

OR FAX: + 64 6 350 8627

Dear Doctor

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.



Murray Georgel
Chief Executive Officer



Office Use Only:
App # _____

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 would 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 in its entirety. You must also accompany it with a detailed curriculum vitae.

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

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.

APPLICANTS SIGNATURE _____ DATE _____

DECLARATION OF CRIMINAL CONVICTIONS AND CHARGES PENDING (Confidential)

DECLARATION FOR THE POSITION OF _____

It is important for MidCentral District Health Board to identify whether potential staff members have criminal convictions and charges pending that may affect their employment. We understand and respect an applicant's right to privacy and the information on this declaration will only be used for the purpose of determining whether an applicant is suitable for employment to the position applied for.

From time to time, MidCentral District Health Board may wish to undertake a police check. This will be discussed with you and you will be required to complete a separate "Consent to Disclosure of Information" form before a police check takes place.

All applicants for SMO/RMO positions are required to complete this form. Please complete either Section A or B of this declaration and return it with your application/CV. If you complete Section B, please return this declaration in a sealed envelope and return. This information will be viewed by Senior Human Resources staff and Risk Management staff only. These staff will determine your suitability for employment. Your information will remain confidential to these staff.

Under the Criminal Records Clean Slate Act (NZ), you are not required to disclose any criminal convictions that occurred prior to seven years, provided these are not specified convictions as stipulated in Section 7 of this Act.

Please note that any criminal convictions you may have will automatically be concealed if you meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

SECTION A

To be completed by applicants who do not have any criminal convictions or charges pending.

I, (Full Name) _____

declare that I do not have any criminal convictions or charges pending.

_____ Signature _____ Date

If misleading or incorrect information is given on this declaration and you are appointed to a position, you may be dismissed from employment for provision of incorrect information.

SECTION B

To be completed by applicants who have criminal convictions, outside of Section 7 of the C.R.C.S. Policy.

I, (Full Name) _____

declare that I have the following criminal convictions or charges pending.

(If you wish you can add any comments relating to the above charges and your suitability for employment in the position you have applied for within MidCentral District Health Board.)

_____ Signature _____ Date

HEALTH DECLARATION (Confidential)

HEALTH DECLARATION FOR THE POSITION OF _____

All applicants for SMO/RMO positions are required to complete this form. Once you have completed this declaration, please return it with your application form.

I, (Full Name) _____

have read the job description and position competencies for the above position. In particular, I have noted the **“Physical Attributes”** section.

I declare that either (tick one box):

I have no health condition or disability which would prevent me from undertaking the requirements of this position in a manner which is safe for me and others.

OR:

I have the following health condition or disability which will either **limit my ability to undertake the requirements of this position, or which will require adaptations to the workplace or work procedures** to enable me to undertake the requirements of this position in a manner which is safe for me and others:

I **have / have not** (*delete one*) had any health problems, including one which results from any accidental injury or medical condition caused by gradual process, disease or infection which may be aggravated by my working at the job for which I am applying, or which may reduce my ability to carry out efficiently all the duties required of me. For example, noise induced hearing loss, MSD (Musculoskeletal Disorder), chemical sensitivity in the form of dermatitis, allergies, back problems, respiratory problems, **latex allergy**.

The injury or condition and the accommodations that would be required to enable me to perform this position are listed below:

I give my consent for the MidCentral District Health Board Occupational Health Physician (or in that person's absence, MidCentral District Health Board appointed deputy) to co-ordinate the assessment of any health condition or disability which I have declared, and I understand that this may involve me being requested to undergo a medical examination.

I understand that this information is confidential to MidCentral District Health Board and will be subject to the provisions of the Privacy Act 1993 and the Health Information Privacy Code 1994.

I understand that withholding of information or providing incorrect information in this questionnaire could disqualify me as an applicant, or, if appointed, render me liable to dismissal.

I declare to the best of my knowledge and belief the information I have given above is correct.

Signature _____ Date _____

DECLARATION OF ANY LOSS OR SURRENDER OF MEDICAL LICENSE TO PRACTICE OR HOSPITAL SUSPENSIONS

It is important for MidCentral District Health Board to identify whether potential Senior/Junior Medical staff members have lost or surrendered their License to Practice Medicine or have been suspended from any hospital during their career. We understand and respect an applicant's right to privacy and the information on this declaration will only be used for the purpose of determining whether an applicant is suitable for employment.

If you have lost or surrendered your License to Practice Medicine or have been suspended from any hospital during your career, complete Section B of the declaration and return to Human Resources, MidCentral District Health Board in a sealed envelope. This information will be viewed by an Human Resources Consultant and the Medical Adviser only. These staff will determine your suitability for employment. Your information will remain confidential to these staff.

SECTION A

To be completed by applicants who have not lost or surrendered their License to Practice Medicine and have not been suspended from any hospital during their career.

I, (full name) _____

declare that I have never lost or surrendered my License to Practice Medicine and have not been suspended from any hospital during my career.

_____ Signature _____ Date

If misleading or incorrect information is given on this declaration and you are appointed to a position, you may be dismissed from employment for provision of incorrect information.

SECTION B

To be completed by applicants who have lost or surrendered their License to Practice Medicine or have been suspended from any hospital during their career.

I, (full name) _____

declare that I have lost or surrendered my License to Practice Medicine on the following occasions and for the following reasons and/or have been suspended from the following hospital(s) during my career for the reasons listed.

(If you wish you can add any comments relating to the above and your suitability for employment in the position you have applied for within MidCentral District Health Board.)

_____ Signature _____ Date



RELEASE OF LIABILITY

I, *(full name)* _____

authorise MidCentral District Health Board to obtain details of previous employment, education and training records for the purpose of confirming actual past employment and to verify education and training.

This information will only be used to determine whether an applicant's supplied information is true and correct, in the course of their application for a vacancy as a Senior Medical Officer/Junior Medical Officer.

This information will be held in my personnel file held by Human Resources if successful and will be destroyed if I am unsuccessful in obtaining the position applied for.

Applicant

Before:

Authorised Officer

Date: _____