



MIDCENTRAL DISTRICT HEALTH BOARD

Te Pae Hauora o Ruahine o Tararua

Human Resources

MidCentral District Health Board
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New Zealand

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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 Human Resources, by the stated closing date.

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





Office Use Only:
App # _____

APPLICATION FOR EMPLOYMENT (CONFIDENTIAL)

The information you provide on this application form, along with any other information you supply, will be used by MidCentral District Health Board (the DHB) for assessing your suitability for employment within the DHB, and for reasonable business purposes during your employment at the DHB if you are employed. The personal information contained in this form will be held securely by the DHB in accordance with the Privacy Act 1993. By submitting this application for employment, you agree for the DHB to use your information for anonymised statistical reporting purposes.

POSITION APPLIED FOR _____
 Department/Location _____
 Vacancy # _____



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 (required): _____

BIRTH DATE (optional): _____

How did you find out about this position (specify publication or website)?

DEMOGRAPHICS (optional) Tick those with which you identify:

GENDER: Female Male Gender Diverse

ETHNIC ORIGIN: NZ European Maori English Scottish

Chinese Filipina/Filipino South African American

Other (such as Australian, German, Samoan, Sri Lankan - please state:)

Are you currently employed, or have you previously been employed by MidCentral DHB? Yes No

If yes, please provide details:

Dates Worked		Position Held	Ward/Department/Unit	Line Manager's Name
From	To			

The DHB may elect to access your previous employment records and history as part of the selection process. This may include communicating with your previous line manager(s). By submitting this application you agree to this.

AUTHORITY TO PRACTISE

Applies to health practitioners covered by the HPCA Act 2003, or where MidCentral DHB has determined registration is mandatory.

Do you have New Zealand registration? Yes No

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

If you are invited to attend an interview, please provide original documentation for sighting and copying.

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 _____

LEGAL ENTITLEMENT TO WORK IN NZ

Do you have New Zealand citizenship or residency? Yes No

If No, do you have a New Zealand work visa/permit? Yes No

When does your work visa expire _____

Is there any information that you would like us to know about your immigration or work visa status?

If you are currently in New Zealand, could you please indicate which visa you currently hold:

If shortlisted you will be required to produce your passport verifying the above.

GENERAL HEALTH

Do you have any health conditions which could affect your ability to carry out effectively and safely the functions and responsibilities of this position? *(Please refer to the job description.)* Yes No

Please give details _____

Note: In some situations, further specific medical information relating to the requirements of the job will be needed. As part of the process of considering your suitability for employment, you may be required to undertake a pre-employment medical examination and/or authorise the release of relevant ACC claims' history relating to yourself.

REFEREES

Please provide the names and contact details of three referees. You do not have to nominate referees here if they are listed in your curriculum vitae. At least one of the referees should be from a current employer or educator. If you are a current MidCentral DHB employee, we would prefer you to include your current manager as one of your referees.

- 1) Name and job title: _____
Address: _____

Contact phone number: _____
Fax number (if available): _____
E-mail address: _____
Position of referee in relation to you (eg employer, manager, work colleague, educator etc): _____
- 2) Name and job title: _____
Address: _____

Contact phone number: _____
Fax number (if available): _____
E-mail address: _____
Position of referee in relation to you (eg employer, manager, work colleague, educator etc): _____
- 3) Name and job title: _____
Address: _____

Contact phone number: _____
Fax number (if available): _____
E-mail address: _____
Position of referee in relation to you (eg employer, manager, work colleague, educator etc): _____

ADDITIONAL INFORMATION

If your application is successful, when could you commence employment? _____

It is MidCentral District Health Board's practice for registered nursing applicants who are unsuccessful for the position applied for to be considered for other vacancies within the organisation (excluding internal applicants). If you do not wish this to occur, please email vacancy@midcentraldhb.govt.nz

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.

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

In submitting this application for employment, I authorise MidCentral District Health Board to contact my nominated referees and authorise the referees to release the requested information to MidCentral District Health Board. I agree and accept that all referee 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 _____