**CONFIDENTIAL APPLICATION FORM FOR EMPLOYMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| *Mr/Mrs/Miss/Ms*  *Please circle* | *Full name* | *Date of Birth* | / / |
| *Surname* |  | *Preferred*  *Name* |  |
| *Address* |  | *Gender* | Male / Female |
| *Contact Ph mobile* |  | *Contact*  *Ph Home* |  |
| *Email* |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| *We use the Netsoft System which can use a mobile app to log in and out of shifts if you have a smart phone* | | | |
| *Do you have a smart phone?* | *Yes/No* | | |
| *If yes, which operating system?* | *Android* | *iOS(iPhone)* | *Windows* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Drivers Licence Number:* |  | *Please*  *Circle:* | Learners | Restricted | Full | International |

|  |  |
| --- | --- |
| *Criminal Convictions*  *Past or pending – provide details & dates or state NO if none* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Work Entitlement – please tick* | *New Zealand Citizen* | *Permanent*  *Resident* | *Holder of a current work permit* |
| *If you are the holder of a work permit please provide details:* | * *Type of Work Permit Student / Open / /* * *Work Permit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* * *Permit Expiry Date: / /* * *Number of hours permitted to work per week*   *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | |

|  |  |  |  |
| --- | --- | --- | --- |
| *Availability*  *Days/Times* | Days | Nights | Sleepovers/  Wakeovers |
| *Monday* |  |  | Yes / No |
| *Tuesday* |  |  | Yes / No |
| *Wednesday* |  |  | Yes / No |
| *Thursday* |  |  | Yes / No |
| *Friday* |  |  | Yes / No |
| *Saturday* |  |  | Yes / No |
| *Sunday* |  |  | Yes / No |

**\*\* please tick or indicate hours available eg 7am – 2pm**

|  |  |  |  |
| --- | --- | --- | --- |
| *Provide Details Of Completed Training / Qualifications*  *(Attach a copy)* |  | | |
| *Do you have a current First Aid Certificate?* | **Yes / No** If Yes, Expiry Date: \_\_­­\_\_ /\_\_\_\_/\_\_\_\_ | | |
| *Provide Details of Previous Experience* |  | | |
| *Are you able to understand and use Sign Language?* | **Yes / No** | *Do you speak any other Languages? – details* |  |

**TELL US WHAT SKILLS YOU HAVE:**

\*please tick the following skills that you are capable of

|  |  |
| --- | --- |
| * Housework | * Hoist work |
| * Meal preparation | * Palliative Cares |
| * Child Care | * Catheter Cares |
| * Shopping/errands | * Bowel Cares |
| * Showering female clients | * Experience with pressure sores |
| * Showering male clients | * Exp with Serious Spinal injury clients |
| * Dressing/Undressing clients | * Exp with Brain injury clients |

**TELL US WHAT EXPERIENCES YOU HAVE:**

\*please tick the boxes below that are appropriate to you

|  |  |
| --- | --- |
| * Nursing/Rest Home experience | * Foster Parent |
| * General hospital experience | * Personal/Family Care experience |
| * Teaching | * Tertiary Qualification |
| * Early Childhood qualification | * Social Worker |
| * Previous Support Work | * Mental Health |
| * Community Nurse | * Student Nurse |

|  |  |
| --- | --- |
| **Health Questionnaire** | |
| *Have you ever claimed ACC?*  *(If yes please give details)* |  |
| *Are you currently receiving medical treatment and/or taking medication?*  *(If yes please give details)* |  |
| *Is there any medical condition that could affect your ability to fulfill your obligations to our clients?*  *(If yes please give details)* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Present or Last Employer* |  | | |
| *Address* |  | | |
| *Telephone* |  | | |
| *Date Commenced* |  | *Date Finished* |  |
| *Position Held* |  | | |
| *Duties / Responsibilities* |  | | |
| *Reason for Leaving* |  | | |
| *Can we contact them?* | Yes / No | | |

**Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please ensure you have provided a copy of your CV and Photo ID (Drivers licence/passport)**

* *References: your CV must provide at least two referees, with one being a current or previous employer that we have permission to contact. Please do not use a family member as a referee.*
* *We also complete a Police Check and a police vetting form must be completed*
* *Please include a recent head and shoulders photo for an Identification name badge to be made*