****

**Application for appointment**

Please complete all sections of this form yourself and sign and date it. Attach a brief CV (detailing your education and training, full employment history, specific skills and abilities and any other details that you feel will be useful to support your application) and the self-assessment form (only applicable for some jobs) which is attached to the position profile for the role you are applying for.

Te Tāhū Hauora Health Quality & Safety Commission strives to have a diverse and inclusive workplace in all areas of culture. We are an organisation that has respect for and supports people of all ethnicities, backgrounds and beliefs.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position applied for** |  | **Vacancy number** (if applicable) | |  |
| **Last name** |  | **First name(s)** |  | |
| **All previous/or other names you are known as** (eg, maiden name): | |  | | |
| **Postal address** |  | **Phone no:** (day) |  | |
| **Phone no:** (evenings) |  | |
| **Cell phone:** |  | |
| **Email:** |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Are you a New Zealand or Australian citizen?** | | | | | | | | | Yes |  | No |  |
| **If you are not a New Zealand or Australian citizen:**  Do you have permanent residency in New Zealand; or  Do you have a visa to work in New Zealand for Te Tāhū Hauora Health Quality & Safety Commission? | | | | | | | | | Yes  Yes |  | No  No |  |
| **Expiry date of your visa:** | |  | / |  | / |  |  | |  | | | |
| You will be required to provide evidence of your citizenship, permanent residence or visa if your application proceeds. This will usually be your passport, or a New Zealand birth certificate or citizenship certificate and some form of photo identification such as a New Zealand driver’s licence. | | | | | | | | |  |  |  |  |
| **2. Are you physically located in New Zealand?** | | | | | | | | | Yes |  | No |  |
| If No, please indicate your arrival date: | |  | / |  | / |  |  | |
|  | | | | | | | | |  |  |  |  |
| **3. Have you been convicted of any criminal or driving offences or do you have any such charges pending?** (Note: You are not required to disclose convictions otherwise concealed by the Criminal Records (Clean Slate) Act 2004, parking tickets or minor speeding offences. All other convictions and pending charges must be disclosed. For information about which convictions may be legitimately concealed please see [www.justice.govt.nz](http://www.justice.govt.nz). Note that a false or incomplete declaration about prior convictions or pending charges will invalidate your application and/or may result in the termination of your employment. If you are the preferred candidate, you will be required to undergo a Ministry of Justice check, to be completed and returned without delay.)  If Yes, please give full details including charge, date and sentence: | | | | | | | | | Yes |  | No |  |
|  |  | | | | | | |  |  |  |  |  |
|  | | | | | | | | |  |  |  |  |
| **4. Are you currently under investigation by any law enforcement agency or regulatory agency or professional regulatory body for any offence or other disciplinary matter?**  If Yes, please give details: | | | | | | | | | Yes |  | No |  |
| **5. Have you had or do you suffer from any injury, disability or illness that could be further aggravated by the tasks and/or the nature of the role you are applying for?** (Note: this information is required to assist us in meeting our obligations to provide a safe workplace for staff. Declaration of a medical condition will not necessarily rule you out of consideration.)  If Yes, please give details: | | | | | | | | | Yes |  | No |  |
|  |  | | | | | | |  |  |  |  |  |
|  | | | | | | | | |  |  |  |  |
| **6. Are you currently represented by a recruitment agency or have you had a short-term placement in Te Tāhū Hauora Health Quality & Safety Commission through an employment agency within the past three months?**  If Yes, please state who: | | | | | | | | | Yes |  | No |  |
|  |  | | | | | | |  |  |  |  |  |
| **Are you applying directly to Te Tāhū Hauora Health Quality & Safety Commission without any representation from a recruitment agency?** | | | | | | | | | Yes |  | No |  |
|  | | | | | | | | |  |  |  |  |
| **7. To assure Te Tāhū Hauora Health Quality & Safety Commission can operate in an impartial manner in relation to the procurement of goods and services, it is necessary to ensure individuals declare that they have no conflicts of interest and that they will not misuse any knowledge or information they obtain while engaged by Te Tāhū Hauora to give either themselves or their employers, agents or associates a financial advantage outside of the particular contract they have with Te Tāhū Hauora.**  Situations likely to lead to a conflict of interest based on this definition are:   * employment, including secondary employment, with another organisation/s * involvement in another business, including investments and property ownership * other financial interests including beneficial interests in trusts * professional or legal obligations owed to someone else * holding office in, or being a member of another organisation * affiliations with lobby groups * family or close personal relationships * political beliefs that compromise an employee’s ability to undertake a particular task or duty. | | | | | | | | |  | | | |
| **Do you believe you have a potential conflict(s)?**  If Yes, please provide details: | | | | | | | | | Yes |  | No |  |
|  |  | | | | | | |  |  |  |  |  |
|  | | | | | | | | |  | | | |
| **8. Do you consent to the disclosure to Te Tāhū Hauora Health Quality & Safety Commission of whether you have been subject to a serious misconduct investigation, either concluded and upheld or currently under investigation, from all previous Public Service and statutory Crown entity employers for the last three years? This will usually be conducted at the preferred candidate stage.** | | | | | | | | | Yes, I consent    No, I do not consent    I would like to discuss this before it is undertaken\*    \* Note that in this case the agency will need to separately document the candidate’s consent following that discussion. | | | |
|  | | | | | | | | |  | | | |

Please indicate the names, contact addresses and telephone numbers of anyone you would be happy for Te Tāhū Hauora Health Quality & Safety Commission to contact about your suitability for the position. We need at least two recent work-related referees.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | | **Contact number** | **Relationship** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

## The Privacy Act 1993

The information which you supply on this application form and as part of your application (excluding EEO Statistical Data) is solely to assess your suitability for employment with Te Tāhū Hauora Health Quality & Safety Commission. Failure to complete all sections truthfully will render this application invalid and, should you have been successful in your application, may be grounds for dismissal. For successful candidates this information will be held in Te Tāhū Hauora Health Quality & Safety Commission personnel files and under Te Tāhū Hauora Health Quality & Safety Commission Rules of Access. You have the right to view your personal information held by Te Tāhū Hauora and may request correction if necessary. No information will be disclosed to third parties without your authorisation, except in an appointment review situation as identified above or as otherwise required by law. Information on unsuccessful candidates will be confidentially destroyed after three months.

## Authority and declaration

I hereby authorise Te Tāhū Hauora Health Quality & Safety Commission to collect such personal information about me from the named referees as is necessary to assess my suitability for employment with Te Tāhū Hauora and I authorise Te Tāhū Hauora to disclose such personal information as is necessary for the same purpose. I also authorise the named referees holding such information about me to disclose that information to Te Tāhū Hauora for the same purpose.

I hereby declare that I have read the above Privacy Act statement and I am aware of my rights under the Privacy Act 1993. I certify that the information provided is correct and no information has been omitted. By typing your name below you are ‘electronically signing’ this form. A copy of your email and form will be kept for our records.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed (type/sign)** |  | **Date** |  |

**Authority to verify academic qualifications** (if applicable)

As part of our pre-employment screening we require your authorisation to confirm any tertiary academic qualifications. Please do not complete this form unless you have post-secondary school level qualifications. Please list these qualifications in the table below, and complete the authorisation portion of this form. Any offer of employment will be subject to verification of these qualifications.

|  |  |  |
| --- | --- | --- |
| **Name of award/qualification** | **Name of institution** | **Date conferred** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| We need to check this record under the name you were using at the time your qualification was conferred. If you have since changed your name, please give your previous name. | | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | | |  | | | |
| NB: If any of these qualifications have been conferred by an overseas institution, have you had your qualifications evaluated by the Qualifications Evaluation Service? | | | Yes |  | No |  |
|  | | |  | | | |

|  |
| --- |
| **For overseas qualifications only:**  If you have not had your qualifications evaluated by the Qualifications Recognition Services of the New Zealand Qualifications Authority, you may be required to do so before any offer of employment can be confirmed. Te Tāhū Hauora Health Quality & Safety Commission will then obtain evidence of this evaluation from the Qualifications Recognition Services.  **Full details of the Qualifications Recognition Services are available on the NZQA website:**  <http://www.nzqa.govt.nz/qualifications-standards/international-qualifications/>  **Or contact:**  Email: [QRS@nzqa.govt.nz](mailto:QRS@nzqa.govt.nz)  Freephone in NZ: 0800 697 296  Phone: +64 (4) 463 3000 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Candidate authorisation**  I, [print full name] authorise Te Tāhū Hauora Health Quality & Safety Commission and its duly authorised agents to collect, disclose and retain personal information about me in relation to my academic record with the above educational institution(s). | | | |
| **Signature** |  | **Date** |  |