



Waitemata
District Health Board

Best Care for Everyone

Waitemata DHB

Candidate Online Onboarding Tasks

(Email Notifications, Forms & General Information)

Recruitment Centre

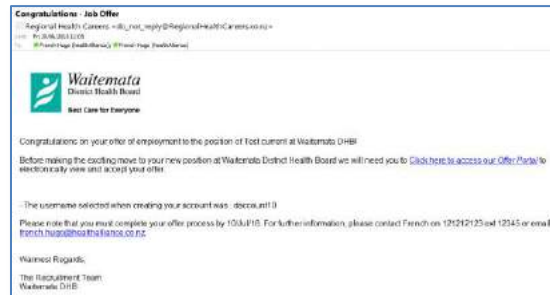
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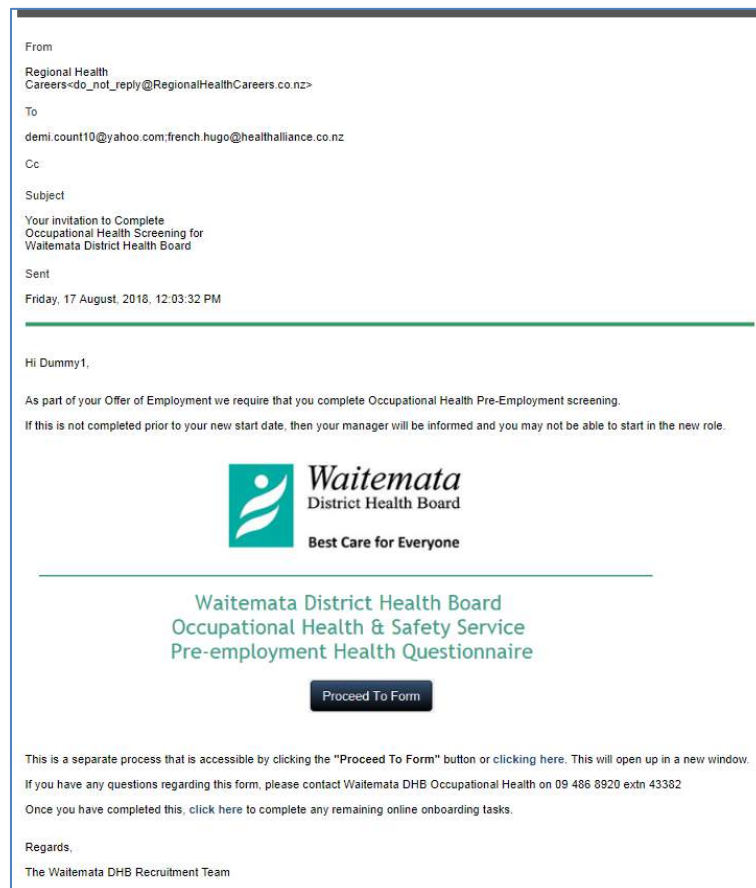
CANDIDATE ONLINE ONBOARDING EMAIL NOTIFICATIONS, FORMS & INFORMATION

Offer of Employment Email

– triggered as soon as PreCheck has been cleared.




Pre-employment Screening Email



WDHB New Employee Portal Sign In Page

Welcome to —
WDHB New Employee Portal

Waitemata
District Health Board
Best Care for Everyone

Welcome. You are not signed in.

[Sign In](#)

[Privacy Agreement](#)

UPDATED October 2016

1. We will retain your profile indefinitely until you withdraw yourself from active communications. To be removed you need to deselect the check box: "Send Me E Mail When a New Job Posting Matches My Job Profile". Note: Unless you delete your profile you may still be selected from the database as a match for future job opportunities. If you do wish to delete yourself from the database completely then click on the link provided on the end of all our emails "Remove my details", or email us at support@aucklandhealthcareers.co.nz.
2. Under the Privacy Act you are entitled to request access to the information that we hold about you, or to request correction of that information, at


[I Accept](#)

"With compassion"


"Everyone matters"

"Connected"

"Better, best, brilliant"

Waitemata
District Health Board
Best Care for Everyone

Welcome to —
WDHB New Employee Portal

Waitemata
District Health Board
Best Care for Everyone

Welcome. You are not signed in.

Login

To access your account, please identify yourself by providing the information requested in the fields below, then click "Login". If you are not registered yet, click "New user" and follow the instructions to create an account.

Mandatory fields are marked with an asterisk.

*User Name

*Password

[Forgot your password?](#)


[Login](#)

"With compassion"

"Everyone matters"

"Connected"

"Better, best, brilliant"

Waitemata
District Health Board
Best Care for Everyone

Offer of Employment

Offer of Employment

29/Jun/18

10/Jul/18

Completed

Dummy Account

0 of 1 Tasks Completed



Offer of Employ...
Due Date: Jul 10, 2018

Job: Test current

Offer of Employment: Welcome



Welcome to the Waitemata DHB Career Portal

Congratulations on your new offer of employment with Waitemata DHB.

This online portal will guide you through the steps to complete the onboarding process including reviewing and accepting your offer of employment (available on the next page).

You will be presented with a variety of "tasks". These are represented in the circles above. Depending on your new role and the information you provide, the number of tasks you are asked to complete may grow.

These tasks may include pre-employment screening requirements, confirming your personal details, bank account, tax code, etc.

It is important that you complete all assigned tasks by providing the required information or simply letting us know that you have read and understood by selecting "Complete".

Getting these tasks completed promptly allows us to focus on what really matters when you start.

Once again, Congratulations. Please proceed to the Next Page of this task to review your offer and provide us with your decision.

Next Page

Offer of Employment: Your Offer

Mandatory fields are marked with a red indicator.

Your Offer



Please find below your letter of offer, employment contract and other related attachments.

Please respond by selecting **Accept the Offer** or **Refuse the Offer** from the dropdown box below and complete the electronic signature to confirm your decision.

If you wish to discuss your offer of employment, please contact the hiring manager or the Recruitment Team before submitting this form. The Recruitment Team can be contacted on Recruitment.Centre@waitemataadhb.govt.nz or 09 486 8309

By selecting **Refuse the Offer**, your application will automatically be withdrawn from the role. The Refuse the Offer option should be selected only when you are sure you do not wish to proceed with this appointment.

Your Letter of Offer

Dear Dummy,

Congratulations on your offer of appointment to the position of Test current with Waitemata District Health Board.

Please find attached your Offer of Employment

If this conditional offer has not been accepted within 7 days of this offer being sent out to you, this offer of employment may be withdrawn.

Once you have read the attached documents, please also indicate whether you accept or refuse the offer below.

Please click [here](#) or copy and paste the following link into a new browser window to view the Job Description for this role. (If you want a copy, please download to your computer or print out direct)

Link: www.waitemataadhb.govt.nz

Offer Letter Attachments

This includes your 'Offer of Employment' which will form the basis of your employment with Waitemata DHB

[Dummy Account SMO Job Size Schedule.pdf](#) [Dummy Account Contract.pdf](#)

Please note the answer below is in relation to the **Offer of Employment** only. There are other pages for you to accept or discuss the other attachments.

* Response

Not Specified

Before submitting your response, you will need to confirm your identity by entering your password in the electronic signature field below.

Entering your password below and clicking 'Submit' is equivalent to hand signing this offer of employment.

* Please enter your password as an Esignature

E Offer Signature Date

E Offer Signature Fullname



The Signed by and Date fields will populate once you have submitted this form.

[Previous Page](#)

[Submit](#)

eOffer Decision Confirmation

eOffer Decision Confirmation

29/Jun/18

30/Jun/18

Completed

Dummy Acount

[Back to All Tasks](#)

2 of 3 Tasks Completed



Offer of Employ...
Completed



eOffer Decision...
Completed



Declarations
Due Date: Jun 30, 2018

Job: Test current

From

Regional Health
Careers <do_not_reply@RegionalHealthCareers.co.nz>

To

french.hugo@healthalliance.co.nz

Cc

french.hugo@healthalliance.co.nz, french.hugo@healthalliance.co.nz

Subject

Dummy Acount: Your eOffer Decision
Confirmation

[Sent](#)

Friday, 29 June, 2018, 11:19:25 AM

Hi Dummy Acount,

This email is to confirm that you have decided to **Accept the offer** that was presented to you via our Online eOffer module.

If you believe this is in error or have any questions, please contact me to discuss this further.

- French Hugo
- french.hugo@healthalliance.co.nz
- 121212123 ext 12345

Regards,

The Waitemata DHB Recruitment team

[Next Task](#)

eOffer Decision Confirmation Email copy

Dummy Acount: Your eOffer Decision Confirmation

Regional Health Careers <do_not_reply@RegionalHealthCareers.co.nz>

Sent: Thu 28/06/2018 10:31

To: French Hugo (healthalliance)

Cc: French Hugo (healthalliance); French Hugo (healthalliance)

Message: this_message_in_html.htm (2 KB)

Hi Dummy Acount,

This email is to confirm that you have decided to **Accept the offer** that was presented to you via our Online eOffer module.

If you believe this is in error or have any questions, please contact me to discuss this further.

- French Hugo
- french.hugo@healthalliance.co.nz
- 121212123 ext 12345

Regards,

The Waitemata DHB Recruitment team

Declarations

Declarations

29/Jun/18

30/Jun/18

Completed

Dummy Axount

2 of 3 Tasks Completed



Job: Test current

Declaration Form

Mandatory fields are marked with a red indicator.

Declarations

Please read and complete the declarations below carefully.

Criminal Offences

Have you ever been convicted of a criminal offence (including traffic related offences), other than parking offences or a conviction deemed not to exist under the provisions of the Criminal Records Clean Slate Act 2004? NB: We cannot employ or engage a person as a children's worker in terms of the Vulnerable Children Act 2014 without completing the safety check required by that Act. If the role for which you have applied is an exception to the Criminal Records (Clean Slate) Act 2004 i.e. is a Core Children's Worker as stated in the job advertisement, any conviction for a Specified Offence may be disclosed within a Police Vetting report regardless of time since conviction. A copy of the Act, including a list of Specified Offences, is available at

<http://www.legislation.govt.nz/act/public/2014/0040/latest/whole.html#DLM5501909>.

If yes, Please provide details

hkdsfshsfaj

In the past 5 years have you participated in a diversion programme run by the police as a result of any criminal charges?

No

No

Are you currently charged with any criminal offences or are you awaiting the hearing of any criminal charges?

Yes

Disciplinary Matters

Have you undergone / Are you undergoing any internal or external disciplinary proceedings, investigations or complaints?

Yes

If yes, please provide details?

Drivers Licence

Do you have a current NZ driver's licence?

ⓘ

No



If yes, please provide your NZ drivers licence number, including class(es)/endorsements?

NZ Driver Licence Number

jhoagjopafo

Class/Endorsements

HDKSF

Do you have any demerit points or restrictions to your licence?

ⓘ

Yes



Are there any traffic proceedings for serious incidents (including but not limited to, Driving whilst Intoxicated, Dangerous Driving, etc...) pending against you ?

ⓘ

Yes



Non Work Commitments

Do you have any commitments at this time which may prevent you attending your place of employment within the next 12 months? (National sporting activities, Reserve Forces training, cultural activities, etc...)

ⓘ

Yes



If yes, please provide details?

lasfnfnkifkldfjkl

Secondary or Additional Employment

All staff are required to declare any secondary or additional employment to ensure that there is no conflict of interest or restriction on ability to complete the duties for which they are employed.

Do you have secondary or additional employment?

Yes

If yes, where and when?

Note: If you are successful in your application, you must have approval of your manager prior to accepting any additional employment in the future.

dghjdy f.fu/hfghd

Residency Status

New Zealand Immigration legislation limits employment to New Zealand Citizens, Residents, or holders of a current work visa. Your passport will be required for verification of your resident status.

Are you legally entitled to work in NZ?

Yes

Professional Competency

If you are a registered health practitioner, is your employer currently investigating any complaint or concern relating to your management of patients, have you ever been referred to under the Health Practitioners Competence Assurance Act 2003 as a result of concerns about your competence or ability to perform required functions as a result of your mental or physical condition, or been the subject of disciplinary charges before a professional conduct committee or Health Practitioners Disciplinary Tribunal or other professional disciplinary body (either in New Zealand or overseas) or have you been the subject of an adverse finding from the Health and Disability Commissioner? If yes, please provide details?

Yes

Please note any other matter(s) below that may relate to your professional competency.

Information held by Waitemata DHB

Do you consent to Waitemata District Health Board retaining and distributing the information contained in this form to appropriate management representatives for the purposes of considering your suitability for any other position which may arise within Waitemata District Health Board in the future?

No

DECLARATION

I understand that the position I have been offered is subject to a number of conditions, including:

- being legally entitled to work in New Zealand
- obtaining a satisfactory medical clearance from Waitemata DHB
- having full current professional registration or licences (if the job you are applying for requires them)
- satisfactory outcome of criminal vetting receipt of two satisfactory references

I declare that to the best of my knowledge the information I have or will provide during the recruitment process is correct, and I understand that if I fail to meet any of the above conditions or if any false or misleading information is given or any material fact suppressed I will not be accepted, or if I am employed my employment may be terminated.

Do you consent to Waitemata District Health Board retaining and distributing the information contained in this form to appropriate management representatives for the purposes of considering your suitability for any other position which may arise within Waitemata District Health Board in the future?

Please enter your password as an Esignature

Signature Date

?

Submit

Print Preview Next Task

Workbook Agreement

Workbook Agreement

29/Jun/18

30/Jun/18

Completed

Dummy Axount



Offer of Employ...
Completed



eOffer Decision...
Completed



Declarations
Completed



Workbook Agre...
Due Date: Jun 30, 2018

Job: Test current

WDHB Workbook: Acceptance

Mandatory fields are marked with a red indicator.

Waitemata DHB Workbook

Included with your offer of employment are attached files. These include a "Workbook" which we require a separate e-Signature for.

Attached again on this page is a copy of your "Workbook" and other attachments.

Please read your workbook and indicate acceptance with an eSignature below:

Choosing "I wish to discuss" does not invalidate your offer of employment.

If you do not agree to the terms as per the attached Workbook, please select the "I wish to discuss" option and contact your Hiring Manager or Recruitment Consultant:

Manager Full Name

French Hugo

Email Address

french.hugo@healthalliance.co.nz

Recruiter Full Name

French Hugo

Email Address

french.hugo@healthalliance.co.nz

Offer Letter Attachments - These will include your **Workbook**

Dummy Axount SMO Job Size Schedule.pdf Dummy Axount Contract.pdf

*

Not Specified



*Please enter your password as an Esignature

Submit

Bond Agreement

Bond Agreement	29/Jun/18	30/Jun/18	Completed	Dummy Acount
----------------	-----------	-----------	-----------	--------------

4 of 5 Tasks Completed

1

Offer of Employ...
Completed

2

eOffer Decision...
Completed

3

Declarations
Completed

4

Workbook Agre...
Completed

5

Bond Agreement
Due Date: Jun 30, 2018

Job: Test current

WDHB Bond: Agreement

Mandatory fields are marked with a red indicator.

Waitemata DHB Bond Agreement

Waitemata DHB is pleased to contribute towards your relocation to work with us. In order to process this further, you are required to accept the attached Bond Agreement via a separate e-signature.

Attached on this page is your bond agreement. Please read it and indicate your acceptance with an e-signature below.

Choosing "I wish to discuss" does not invalidate your offer of employment.

If you do not agree to the terms as per the attached Bond Agreement, please select the "I wish to discuss" option and contact your Hiring Manager to discuss further.

Manager Full Name

Email Address

French Hugo

french.hugo@healthalliance.co.nz

Offer Letter Attachments - These will include your **Bond Agreement**

fakeAgreement.pdf fakeBond.pdf fakeWorkbook.pdf

Not Specified

*Please enter your password as an ESignature.

Submit

Pre-Employment Screening

PES Link Opened (doesn't mean completed)

17/Aug/18

18/Aug/18

Completed

Dummy1 Account

From

Regional Health
Careers<do_not_reply@RegionalHealthCareers.co.nz>

To

demi.count10@yahoo.com;french.hugo@healthalliance.co.nz

Cc

Subject

Your invitation to Complete
Occupational Health Screening for
Waitemata District Health Board

Sent

Friday, 17 August, 2018, 12:03:32 PM

Hi Dummy1,

As part of your Offer of Employment we require that you complete Occupational Health Pre-Employment screening.

If this is not completed prior to your new start date, then your manager will be informed and you may not be able to start in the new role.



Waitemata District Health Board
Occupational Health & Safety Service
Pre-employment Health Questionnaire

[Proceed To Form](#)

This is a separate process that is accessible by clicking the "Proceed To Form" button or clicking [here](#). This will open up in a new window.

If you have any questions regarding this form, please contact Waitemata DHB Occupational Health on 09 486 8920 extn 43362

Once you have completed this, click [here](#) to complete any remaining online onboarding tasks.

Regards,

The Waitemata DHB Recruitment Team

New Zealand Police Vetting Form

New Zealand Police Vetting Form

29/Jun/18

30/Jun/18

Completed

Dummy Account

New Zealand Police Vetting: Section 1

Important Information

New Zealand Police Vetting

As a condition of this offer of employment we need to conduct a New Zealand police check.

This is an online form requesting information which will be used to populate an official **New Zealand Police Vetting Service Request and Consent** form (NZPVS-CS) which in turn will be used to request information from the New Zealand Police.

Please check over the information contained within **Section 1**

Please fill out the information requested in **Section 2**

Please read and sign via e-Signature **Section 3**

Please select **Next Page** below to enter/confirm your information

Section : 1 Approved Agency to Complete

Name of Approved Agency submitting vetting request

Facilities and Development

Name of Applicant to be vetted

First Name

Middle Name

Last Name

Dummy

Acount

Description of Applicant's Role

Test current

Applicant's Purpose

☒ Employee

Vocational Training

Volunteer

Prosecution

Contractor Consultant

Licence Registration

Visa Work Permit

Other

What group(s) will the applicant have contact with in their role for your agency?

Children Youth

Other Vulnerable adults

Elderly

Other

What is the applicant's primary role for your agency?

Caregiving Children

☒ Healthcare

Other

Caregiving Vulnerable Adults

Education

Is this request mandatory under the Vulnerable Children Act 2014 (VCA)?

What is the Status of this role under the Vulnerable Children's Act?

This position is a Core Children's worker under the VCA & requires full safety checks completed before any new employee starts

We also need to confirm your identity to NZ police standards. If we have not already done this, You may be asked for additional information

Please select **Next Page** to enter your information

Next Page

Section 2: Applicant to complete**Personal Information**

* Family Name

Acount

* Given Names

Dummy

Gender



Male



Female



Other

Date of Birth

28/Feb/18

* Place of Birth (City/Town/State)

dfgdfgfd

* Country of Birth

degfsgfsg

NZ Driver Licence Number

edfgsdfsd123

Previous Names

If applicable, please include other alias or alternate names; married name if not your primary name; previous/maiden name changed by deed poll or statutory declaration.

Family Name

First name

Middle name

Permanent Residential Address

Number/Street

Ines St Mira Monte Subd

Suburb

ul

City/Town/Rural District

Lucban

Post Code

4328

[Previous Page](#)[Next Page](#)[Print Preview](#) [Next Task](#)

Mandatory fields are marked with a red indicator.

Section 3: Applicant to complete

Consent to release information

1. The New Zealand Police may release **any** information they hold if relevant to the purpose of this vetting request. This includes:
 - Conviction histories and infringement/demerit reports
 - Active charges and warrants to arrest
 - Charges that did not result in a conviction including those that were acquitted, discharged without conviction, diverted or withdrawn
 - **Any** interaction I have had with New Zealand Police considered relevant to the role being vetted, including investigations that did not result in prosecution
 - Information regarding family violence where I was the victim, offender or witness to an incident or offence, primarily in cases where the role being vetted takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
 - Information subject to name suppression where that information is necessary to the purpose of the vet
2. If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released **unless**:
 - a. Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime)
 - b. Section 31(3) of the Vulnerable Children Act 2014 applies to this request (safety checks of core children's workers).
 - c. The vetting request is made by an individual for the purpose of an overseas Visa/Work Permit as a Privacy Act request authorising the vetting result to be provided directly to the relevant embassy, high commission or consulate.

Please see the [guide](#) for more information regarding the Clean Slate legislation.

3. The Police Vetting Service may disclose new relevant information to the Approved Agency after the completion of the Police Vet in the following circumstances:
 - The disclosure of the newly-obtained information is considered to be justified under the Privacy Act 1993 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
 - The Police Vetting Service has ascertained that the purpose of the Police vet (e.g. employment role) still exists.

The Vetting Service will endeavour to notify you prior to the disclosure.

4. Information provided in this consent form may be used to update New Zealand Police records.
5. I am entitled to a copy of the vetting result released to the Approved Agency (to be provided by the agency) and can seek a correction by contacting the Vetting Service.
6. The Approved Agency will securely dispose of this consent form, copies of identification documents and the vetting result within 12 months of receiving the result unless a longer retention period is required by legislation.
7. I may withdraw this consent, prior to Police's disclosure of the vetting result, by notifying the Approved Agency.

For further information, please see the [Guide to Completing the Consent Form](#).

Applicant's Authorisation:

- ✓ I confirm that the information I have provided in this form relates to me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand Police to disclose any personal information it considers relevant to my application (as described above) to the Approved Agency making this request for the purpose of assessing my suitability.

* Please enter your password as an Esignature

Overseas Candidate Police Vetting Information

Overseas Candidate Police Vetting Info Page

29/Jun/18

30/Jun/18

Completed

Overseas Candidate Police Vetting Information

It is our policy to conduct criminal checks for all positions (New Zealand and Overseas).

We require the original or certified copy of police certificates from any country that you have lived in for 12 months or more in the past ten (10) years. This also applies to New Zealand citizens and residents who have lived outside NZ

- japan

NB: Overseas applicants, you may be able to obtain a copy of the Police Clearance Certificate submitted to Immigration New Zealand (INZ) as part your Visa application for entry to New Zealand, to do this, please call the Immigration NZ Contact Centre on +64 (9) 914-4100.

If you have any of these documents now, please combine them into one file and upload them below.

Please note that if you don't have a copy now then you will need to send it via email direct to the Recruitment Centre on recruit@waitematadhb.govt.nz

Select a file and click Attach to upload it.

The maximum allowable size is 5120 KB.

Select the file to attach

No file chosen

Ministry of Justice

Ministry of Justice

17/Aug/18

18/Aug/18

Completed

Dummy1 Axount

7

8

9

10

11

Pre-employment...

Completed

New Zealand P...

Completed

Overseas Candi...

Completed

aregMOJcontent

Due Date: Jun 30, 2018

About You

Due Date: Jun 30, 2018

Job: Test current

Ministry of Justice

As a condition of your offer of employment we require a satisfactory clearance through the New Zealand Ministry of Justice.

In order for us to submit this form, we do require a hand signed document.

Click the following link to obtain a copy of the Ministry of Justice form:
MOJ

Please **sign a printed copy** and return this electronically at the link below.

Select a file and click Attach to upload it.

The maximum allowable size is 5120 KB.

It is mandatory to attach a file.

Select the file to attach

Choose File

No file chosen

Attach

Complete

Personal Information, Next of Kin, Workforce Questionnaire, Bank & IRD Information (WDHB Superform)

WDHB SuperForm

29/Jun/18

30/Jun/18

Completed

Dummy Axount

7

8

9

10

11

Pre-employment...

New Zealand P...

Overseas Candi...

aregMOJocontent

About You

Completed

Completed

Completed

Completed

Due Date: Jun 30, 2018

Job: Test current

About You: Your information

Mandatory fields are marked with a red indicator.

Personal Details and Next of Kin:

Please note that the information provided below will be used to set up your employment with Waitemata DHB. It is therefore Very Important that the information provided is correct and accurate.

Please fill out all information. While you may have already provided some of this information, there may be instances where we require the information to be collected again.

Personal Details

As a new employee, we require important personal information and next of kin details to be held on your HR file. In case of an emergency, the details provided below will be held in your personnel file and retained securely in HealthAlliance's HR/Payroll Information System. Under the Privacy Act 1993, you have the right to request access to the information that we hold about you. You also have the right to request correction of any information that you believe is not accurate.

Last Name

Axount

The 1st and last names must be your legal names, i.e. as on your passport

First Name

Dummy

Preferred Name

dgsg

Gender

Female

Home Phone Number

0425403124

Mobile Number

111111

Address (line 1)

Ines St Mire Monte Blvd

City

Lucben

Address (line 2)

ul

Place of Residence

Buteen City

Search

Zip/Postal Code

4328

Next of Kin & Emergency Contacts

Key Contact

Title

Mrs

Last Name

sdg

First Name

dgsgds

Key Contact Relationship

dfgdfg

Address (line 1)

111

Address (line 2)

222

Suburb

3333

City

444

Best Contact Number

sdgg

Alternative Number

021

Next of Kin

Title

Not Specified

Last Name

fdsgfdg

First Name

ddfh

Address (line 1)

345

Address (line 2)

543

Relationship

123

Suburb

111

City

222

Best Contact Number

dfgdf

Alternative Number

765

Next Page

Workforce Questionnaire

The questions below are asked to help us meet our commitments under the Waitemata DHB Equal Employment Opportunities plan, better understand the make-up of our workforce, plan for its changing needs, and match our workforce characteristics to those of the Waitemata DHB Community.

We also have specific reporting requirements for the Ministry of Health and responsibilities that we need to fulfil under the Human Rights Act and the New Zealand Public Health and Disability Act. This information assists us to meet these obligations. We would very much appreciate your assistance in providing your responses although participation is completely voluntary.

What is your Date of Birth

28/Feb/18

1. Which ethnic group do you belong to?

(If none apply, please select Other and choose from the "Ethnicity Lookup" Fields)

Which ethnic group do you belong to?

- ☒ New Zealand European
- ☐ Māori
- ☐ Samoan
- ☒ Cook Islands Maori
- ☐ Tongan
- ☐ Niuean
- ☐ Chinese
- ☒ Indian
- ☐ Other: Please use "Ethnicity Lookup"

Ethnicity Lookup

Filipino

Search

Ethnicity Lookup 2

Other European

Search

Ethnicity Lookup 3

Channel Islander

Search

2. Do you know the name(s) of your Iwi/Hapu (tribe(s)/subtribe(s))?

1

ooooo

2

uuuuu

3

vvvvv

3. Do you speak any languages other than English (including NZ Sign Language)?

Please select below including your fluency.

Language

Fluency

Bashkir ▼

Beginner ▼

language2

Fluency 2

Abkhaz ▼

Fluent ▼

Language 3

Fluency 3

Balochi ▼

Beginner ▼

Language 4

Fluency 4

Assamese ▼

Beginner ▼

Language 5

Fluency 5

Avaric ▼

Intermediate ▼

4.What is your highest academic qualification?

Qualification

Master's Degree ▼

*** 5. Do you have a disability?**

Yes ▼

6. Does a health problem or a condition you have (lasting 6 months or more) cause you difficulty with, or stop you from:

- ☒ seeing, even when wearing glasses or contact lenses
- ☐ hearing, even when using a hearing aid
- ☐ walking, lifting or bending
- ☐ using your hands to hold, grasp or use objects
- ☐ learning, concentrating or remembering
- ☐ communicating, mixing with others or socialising
- ☐ or no difficulty with any of these

☐

Please tick this box if you want to receive information about support services offered through Waitemata DHB Cultural Health.

Previous Page

Next Page

New Zealand Banking

Waitemata DHB will deposit your salary/wages into a New Zealand bank account. You will need a New Zealand Bank account prior to starting with us.

Please select below if you currently do, or do not have a valid account for payments to be made into.

*

I have a valid New Zealand Bank Account ▼

New Zealand Tax

Waitemata DHB will automatically deduct PAYE from your salary/wages. To ensure that you are taxed at the correct rate, you will need a New Zealand IRD number from the Inland Revenue Department.

Please select below if you currently do, or do not have a valid NZ IRD number.

*

I do not have a valid New Zealand IRD Number ▼

If you have neither an IRD number nor a NZ Bank account. Please continue. The next steps in this process will provide further instructions.

Union Membership for Collective Agreements

If your job offer is for a Collective Agreement covered by a union, do you consent to us sharing your contact information with the relevant union(s)?

No ▼



Union Contact details

NZNO website: https://www.nzno.org.nz/membership/join_now NZNO free phone number: 0800 283848

PSA website: www.psa.org.nz/join PSA free phone number: 0508 367 772

APEX website: <https://apex.org.nz/> APEX Phone number: (09) 526 0280

MERAS website: <https://www.midwife.org.nz/meras/> MERAS Phone number: (03) 372 9738

ASMS website: <https://www.asms.org.nz/> ASMS Phone number: (04) 499 1271

ETU website: <https://www.etu.nz/> ETU free phone number: 0800 186 466

Please sign here to indicate that the information you have supplied is accurate

*Please enter your password as an Esignature

Previous Page

Bank Direct Credit and Deduction Authority Form

New Zealand Banking

Waitemata DHB will deposit your salary/wages into a New Zealand bank account. You will need a New Zealand Bank account prior to starting with us.

Please select below if you currently do, or do not have a valid account for payments to be made into.

*

I have a valid New Zealand Bank Account

If candidate selected “I have a valid New Zealand Bank Account” the bank form **Bank Direct Credit and Deduction Authority** will be presented on the next tasks

Your Banking	29/Jun/18	30/Jun/18	Completed	Dummy Amount
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Bank Information Bank Information

Mandatory fields are marked with a red indicator.

Bank Direct Credit and Deduction Authority

I hereby authorise healthAlliance Payroll Services to Pay Salary/wages into the Nominated Bank Account by Direct Credit.

Account Name

*

beiby aaaaaa

?

***Bank Number** ***Branch Number** ***Account Number** ***Suffix**

33 4444 6666666 00

? ? ? ?

*Please enter your password as an Esignature

?

Please check that you have completed your Bank Account details using the Bank Account digit requirements below:

15 Digits required for Banks: BNZ; ANZ; NAT; ASB; WESTPAC; POSTBANK; TRUSTBANK 16 Digits required for Banks: COUNTRYWIDE; NATIONAL AUSTRALIA BANK.

For PSIS accounts, please select Bank and Branch numbers as 02-1242 with your Account Number as your individual PSIS Account Number

TERMS AND CONDITIONS The following terms and conditions apply to the operation of this authority:

You

(a) authorise healthAlliance to credit or deduct the nominated bank account specified on this authority with salary, wages or moneys as instructed;

(b) are solely responsible for ensuring the accuracy of the information provided to healthAlliance pursuant to this authority;

(c) undertake to advise healthAlliance immediately of any incorrect payment information shown on this authority in relation to the accuracy of the information contained in this authority;

(d) understand and agree that this authority will remain in force and effect in relation to all payments or deductions made in good faith in pursuant to this authority and that written termination of this authority must be received by you to healthAlliance.

We

(a) will take all reasonable care and skill to give effect to the directions given pursuant to this authority;

(b) recognise the importance of safeguarding your financial information and that this information will be retained in a secure and protected place;

(c) acknowledge that healthAlliance is the intended recipient of this financial information as requested pursuant to this authority and that this information will not be used for anything other than for the purposes it is intended;

(d) agree, in accordance with The Privacy Act 1993, you have rights of access to, and correction of, information contained by healthAlliance.

Once you have confirmed the information on this or any other page, you are unable to change it. If you realise you have made an error, please contact your recruitment consultant on 0800-47-22-84 (or +64-9-485-8309 for international callers)

Submit

If candidate selected “I do not have a valid New Zealand Bank Account” the **Bank Account Account Information Content** page will be presented on the next tasks and will get email.

New Zealand Banking

Waitemata DHB will deposit your salary/wages into a New Zealand bank account. You will need a New Zealand Bank account prior to starting with us.

Please select below if you currently do, or do not have a valid account for payments to be made into.

☐ I do not have a valid New Zealand Bank Account

Bank Account Information Content

Bank Account Information Content

17/Aug/18

20/Aug/18

In progress

Dummy1 Account

Banking Details

For the direct deposit your salary and wages, we require a New Zealand bank account number. You are seeing this page as you have previously indicated that you do not have this.

Once you do, please download the attached form, complete this and return to this page to upload this or email to recruit@waitematadhb.govt.nz
If you cannot access this page, you will have to email the form.



[Click here for a Direct Credit Authority Form](#)

Select a file and click Attach to upload it.

The maximum allowable size is 5120 KB.

Select the file to attach

No file chosen

Subject: NZ Bank Account Information

Message bankdirectcredit.pdf (60 KB) this_message_in_html.htm (3 KB)

Hi Duh,

As you have indicated that you do not have a NZ bank account, attached is a copy of an electronic version of the bank account form. Once you have obtained a NZ bank account, please ensure you complete this form accurately with your correct bank account number. This form can either be uploaded back onto the on-boarding portal or emailed to us at RecruitmentCentre@waitematadhb.govt.nz

[Click here](#) for more information on opening bank accounts in New Zealand.

Regards,

The Waitemata DHB Recruitment Team

IR330 Content Information

If candidate selected “I do not have a valid New Zealand IRD Number” the **IR330 Content Information** page will be on the next tasks and email.

New Zealand Tax

Waitemata DHB will automatically deduct PAYE from your salary/wages. To ensure that you are taxed at the correct rate, you will need a New Zealand IRD number from the Inland Revenue Department.

Please select below if you currently do, or do not have a valid NZ IRD number.

*

I do not have a valid New Zealand IRD Number ▼

IR330 Content Information

29/Jun/18

30/Jun/18

Completed

Dummy Amount

Tax Declaration Details

Waitemata DHB is obliged to automatically deduct income tax from your salary or wages. To do this correctly, we require your NZ IRD number and details.

You are seeing this page as you have previously indicated that you do not have a New Zealand Tax Number.

Once you do, please download the attached form (IR330), complete it and return to this page to upload or email to recruit@waitematadhb.govt.nz
If you cannot access this page, you will have to email the form.

If this is not done, it can lead to a delay in your pay or deductions at the maximum of 45%.



[Click here for the IR330 form and information.](#)


Select a file and click Attach to upload it.


The maximum allowable size is 5120 KB.

Select the file to attach

No file chosen

Subject: NZ Tax Document IR330

Message  ir330-2017.PDF (117 KB)

 this_message_in_html.htm (2 KB)

Hi Duh,

As you have indicated that you do not have a NZ IRD number, attached is a copy of an electronic version of IRD form. Once you have obtained an IRD number, please ensure you complete this form accurately with your correct IRD number and tax code. This form can either be uploaded back onto the on-boarding portal or emailed to us at Recruitment.Centre@waitematadhb.govt.nz

If you have any questions about your tax code, please contact the IRD Department on 0800 775 247 or visit www.ird.govt.nz

Regards,

The Waitemata DHB Recruitment Team

IR330 Form

If candidate selected “I have a valid New Zealand IRD Number” the **IR330 form** will be presented on the next tasks.

New Zealand Tax

Waitemata DHB will automatically deduct PAYE from your salary/wages. To ensure that you are taxed at the correct rate, you will need a New Zealand IRD number from the Inland Revenue Department.

Please select below if you currently do, or do not have a valid NZ IRD number.

*

I have a valid New Zealand IRD Number

IR330 Form

17/Aug/18

20/Aug/18

In progress

Dummy1 Acount

IR330 - NZ Tax Code Declaration

The following information is to be used to populate and official IRD ir330 tax form for the purposes of deducting PAYE tax from your salary

1. Your details

* First Name Middle Name * Last Name

Dummy1 Account

* IRD Number

12345678

2. Your Tax Code

* Tax Code

ME SL

Choose only ONE tax code. Refer to the flowchart below and then enter a tax code here. If you're a casual agricultural worker, shearer, shearing shedhand, recognised seasonal worker, election day worker or have a special tax code refer to "Other tax code options" at the bottom of the page, choose your tax code and select it from the box above

3. Your entitlement to work

I am entitled under the Immigration Act 2009 to do the work that this tax code declaration relates to (tick the box that applies to you).

☐ I am a New Zealand or Australian citizen or am entitled to work indefinitely in New Zealand.

☐ I hold a valid visa with conditions allowing work in New Zealand.

4. Declaration

* Please sign to confirm that the above is true and correct:

If you do not know your tax code, you may use this workflow to figure it out.

Salary and wages – main or highest source of income

Choose your tax code here if you receive salary or wages. See secondary income and other tax code options below for secondary jobs or income from other sources

```
graph TD
    Q1[Do you receive an income tested benefit?] -- No --> Q2[Is this tax code for your main or highest source of income?]
    Q1 -- Yes --> Q3[Is this tax code for the income tested benefit?]
    Q2 -- Yes --> Q4[Are you a New Zealand tax resident? - see note 3]
    Q2 -- No --> Q5[Do you have a New Zealand student loan?]
    Q3 -- Yes --> M1((M))
    Q3 -- No --> Q4
    Q4 -- Yes --> Q6[Is your annual income likely to be between $24,000 and $48,000? - see note 4]
    Q4 -- No --> Q5
    Q6 -- Yes --> M2((M))
    Q6 -- No --> Q5
    Q5 -- Yes --> M3((M SL))
    Q5 -- No --> M4((M))
```

KiwiSaver Information


Kiwi Saver Information

29/Jun/18

30/Jun/18

Completed

Dummy Axount



Most new employees will be automatically enrolled in KiwiSaver upon appointment. KiwiSaver is a New Zealand superannuation scheme.

Automatic enrolment excludes the following groups:

- Casual Employees
- Staff Transfers where there is no current KiwiSaver scheme in place. (Except casual to Permanent or FixedTerm employees)
- Non NZ residents
- 65 years old or over

To find out more about KiwiSaver, please [click here](#) (external site that opens in a New window)

If you are already a member of KiwiSaver, your scheme will continue with your current provider.

If you are not a member of KiwiSaver, but are eligible, you will be automatically enrolled.

All KiwiSaver deductions from your salary will be at the default rate of 3% of your gross salary.

If you wish to change the amount deducted - or are transferring within the organisation and are not already a KiwiSaver member but wish to be: Please [click here](#) to download a KS2 form. Once filled out, upload it to this page.

If you have not been a member of any KiwiSaver scheme, a provider will automatically be selected for you. You will be able to change providers at any time. Please contact a provider directly if you would like your contributions to go to a specific scheme.

Should you wish not to join KiwiSaver, you may opt-out by uploading a completed KS10 form. This can be done up to 8 weeks after starting (for new enrolments) [click here](#) for a KS10 form.

Select a file and click Attach to upload it.

The maximum allowable size is 5120 KB.

Select the file to attach

No file chosen

Occupational Health & Safety Training

Occupational Health & Safety
Training

29/Jun/18

30/Jun/18

Completed Dummy Account

Occupational Health and Safety at Waitemata DHB

Required fields are marked with an asterisk.

Occupational Health and Safety Training



Welcome to Waitemata
Occupational Health and Safety Service

(Click the START button below to continue.)



START

Click when ready to proceed.

As part of this commitment to welcoming you to our organisation and our strong positive focus on a safe and healthy workplace, we provide an introductory course for all of our new staff to view before starting.

Waitemata DHB is committed to the Health and Safety of ALL of our Staff and Patients.

Please note that this e-learning module works best on firefox and is not designed for mobile devices. It should take approximately 15 minutes to complete. If you are having trouble with accessing this module, please email recruit@waitematadhb.govt.nz to get help.

Click on the image above to start your course.

This will open in a new window. Once completed, you will receive a unique code to enter into the box below.

Please note that this code will be case sensitive.

* Please enter your course code

This is the code you have been provided upon completing the course above.

Submit

Electronic Special Authority Access

This task is for SMO candidates only

Electronic Special Authority Access

Please click the document link below to find out how to apply for Electronic Special Authority Access.

[Electronic Special Authority Access](#)

Please note that you can't access this form after you have completed your onboarding so please print this form out if you don't have a DHB account yet and complete when you start.

[Next Task](#)

Values and Information Page

Our Values and Information

29/Jun/18

30/Jun/18

Completed

Dummy Axount

13

IR330 Information
Completed

14

KiwiSaver Infor...
Completed

15

Occupational H...
Completed

16

Our Values and...
Due Date: Jun 30, 2018

17

General Inform...
Due Date: Jun 30, 2018

18

Thank You!
Due Date: Jun 30, 2018

Job: Test current

Please [click here](#) for our Employee Handbook to learn more about our organisation.



[Click here](#) or on the picture above to view our organisational values.

Complete

General Information Page

General Information Task

29/Jun/18

30/Jun/18

Completed

Dummy Account

A Great Place for you

We believe Waitemata DHB to be a great place to work. The following is extra information about your new workplace and some of the benefits of working with us.

Waitemata DHB Gym Membership

Waitemata DHB is pleased to announce free gym membership for all staff members to the Fitness Hubs at both North Shore Hospital and Waitakere Hospitals.

The staff gym (fitness hubs) are free and full of the best equipment.

Click the image below for video.



You need to complete our WDHB fitness Hub Rules and WDHB Fitness Hub Waiver of liability forms online once you start via Occupational Health and Safety on the intranet.

North Shore Commuter Information

If rush hour and parking gets you stressed, then this guide is for you.

Designed to help ease you in and out of your day, this guide provides you with some useful travel tips and ideas that will make your daily commute more pleasant.

By travelling smarter, you can potentially save money on fuel, running costs, and parking frustrations and possibly even discover new ways to get more fresh air and exercise.



Helpful App for your Phone

Waitemata DHB has developed a tool (that can be downloaded to your phone for free) to help staff to:

1. Find all Waitemata hospital sites in Auckland from their phone using Google maps.
2. Provide definitions of common acronyms used in the DHB.
3. Help staff find their way around the Waitemata DHB sites using internal maps.

To download onto your phone, please visit <http://helpfulapp.wdhhbcareers.co.nz/> Follow the instructions and read the privacy policy and terms and conditions. It will work best if you save it on your home screen so you can access when you need it. If you have any questions or feedback please contact the Recruitment Centre on recruit@waitematadhb.govt.nz or 0800 472 284

Insurances



Accuro Health Insurance is proud to support DHB employees by offering FREE cover to all new staff.

To take up this exciting offer you need to join within 4 weeks of starting employment or your orientation day. Your free plan will cover you for expenses such as GP visits, imaging, natural therapy and dental treatments, podiatry, chiropractor, special benefits. For more information on what is covered, and to sign-up please click here to download and view the Free Start form and submit it to Accuro Health Insurance.

If you have any questions or need help to complete this questionnaire call us on 0800 ACCURO (0800 22 876).

For information on Accuro's SmartStay (non-resident cover) and SmartCare Plans click here

The Counties Manukau & Waitemata DHB's
Voluntary Workplace Insurance Plan



Marsh is the appointed insurance broker for the DHB. For more information on their plans please visit www.marsh.co.nz/dhbmw or contact dhb.nz@marsh.com

Candidate Feedback Survey

In order for us to live our value of "Better, Best, Brilliant" and to consistency improve what we do, we would love to get feedback on your recent recruitment experience.

We would greatly appreciate you taking a few moments of your time (less than 5 minutes) to complete a short eight question survey about the recruitment process Click here to start the survey

If you are not able to access the above link then please Copy and Paste this link in a new window to Start Survey

<https://waitematadhb.aus.allgianoetech.com/surveys/GMQTQC/>

We understand you may have previously responded to our survey, but would be grateful for your ongoing feedback which we find extremely helpful.

Thank you for your time.

Kind regards,
Vanessa Aplin
Recruitment Manager

Thank You

Thank You!

29/Jun/18

30/Jun/18

In
progress

Dummy Axount

Thank You

You've done it! You've reached the end of the process.

Please ensure that all the tasks assigned to you have now been completed.

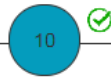
If you have not completed yet all the tasks please check what else you need and send us any necessary information as soon as you can. At the top of your screen you will see the number of tasks you have completed.

The picture on the right is an example only. You may have more or less tasks than the images indicate.

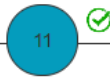
To find a task that is still incomplete, please check the Blue Task circles at the top of this page. Completed Tasks will say "Completed". Other Tasks will have a due date.

12 of 12 Tasks Completed ✓

2 of 12 Tasks Completed ✗



Professional Re...
Completed



Candidate Proc...
Completed



Bank Information
Completed



IR330 Upload P...
Overdue: Apr 19, 2018

Just click **Complete** to send, and we'll do the rest!

We look forward to seeing you soon.

*All tasks will remain available to view until we have completed everything we need to on our end. This is usually a week or so before your start date.

** If a task has been completed it will say so on the task list above. Viewing the task information, you will have a "Next Task" option. Incomplete tasks will have a **Submit** or **Complete** option at the bottom of the task page.

Complete

Next Task

Final Email to Candidate

This email will be sent 3 days prior to start date.

Subject: Waitemata DHB - You are now cleared to start

Dear Duh,

We look forward to welcoming you to Waitemata DHB.

Where to park on your first day - Look for staff car parking signs and take a parking ticket to arrange your permanent parking card during the day.

If you are unsure of what time you are supposed to start or where to go then please contact your Hiring Manager French Hugo, french.hugo@healthalliance.co.nz as soon as possible.

Kind Regards,
Waitemata DHB Recruitment Team