



CONFIDENTIAL

APPLICATION FOR EMPLOYMENT

IMPORTANT Information for you to read before you complete this form

Completing this application form is the first step in applying for a role with Waitemata District Health Board. It does not guarantee that you will be successful in finding employment with Waitemata District Health Board.

We are asking you to complete this form and give us information about yourself so that we can assess your suitability for employment at Waitemata District Health Board. The information you give us in this form will be treated confidentially. It will not be shown to anyone who is not entitled by law to see it.

If you are successful in your application and offered a job with Waitemata District Health Board this application form will be stored in your personal file.

If you are not successful in your application and are not offered a job with Waitemata District Health Board, we will keep your application form for 2 years. After 2 years we will dispose of your application form in a way that keeps all your information confidential.

Under the Privacy Act 1993, you have the right to request access to information held about you by Waitemata District Health Board or to request correction of any information that you believe is not correct. Decisions on such requests are made in accordance with the provisions of the Privacy Act.

POSITION APPLIED FOR:

LOCATION OF POSITION:

YOUR FULL LEGAL NAME:

TODAYS DATE:

Please turn over the page and fill in your details as fully as possible in **BLOCK CAPITAL** letters



YOUR DETAILS (Your Legal Name)

| | |
|---|--|
| SURNAME: | |
| FIRST NAMES: | |
| OTHER NAMES YOU ARE KNOWN BY: Eg Maiden name | |

CONTACT DETAILS

| | |
|--------------------------------|--|
| CONTACT ADDRESS: | |
| DAYTIME CONTACT NUMBER: | |
| EVENING CONTACT NUMBER: | |
| EMAIL ADDRESS: | |

QUALIFICATIONS YOU HOLD (completed or partly completed)

| NAME OF QUALIFICATION | WHERE OBTAINED | PASS/FAIL | DATE |
|-----------------------|----------------|-----------|------|
| | | | |
| | | | |
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| | | | |

SKILLS YOU HAVE

PLEASE DESCRIBE THE SKILLS YOU HAVE WHICH WILL BE RELEVANT TO THE POSITION APPLIED FOR (E.G. COMPUTER SKILLS, DRIVERS LICENCE, etc...)

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YOUR WORK EXPERIENCE

| POSITION TITLE | EMPLOYER & LOCATION | DATES | | REASON FOR LEAVING |
|--|------------------------|-------|----|-----------------------|
| | | FROM | TO | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Have you previously worked for Waitemata District Health Board or other DHBs? | | | | Yes / No |
| Do you have a spouse, partner, relative or household member already working in the area you are applying to work in? | | | | Yes / No |
| Are you legally entitled to work in NZ? (i.e. were you born here, have residency or have a current legal work visa) | | | | Yes / No |

GENERAL INFORMATION

| LANGUAGES YOU SPEAK (list below) | FLUENCY (please choose one) |
|---|--------------------------------------|
| | Small Amount / Intermediate / Fluent |
| | Small Amount / Intermediate / Fluent |
| | Small Amount / Intermediate / Fluent |
| Are you prepared to do shift work, or work at weekends, if required? | |
| Yes / No | |
| Do you have any health conditions (past or present) that could prevent you from working in this role? | |
| Yes / No | |

DECLARATION

I understand that the position I am applying for is subject to a number of conditions, including:

- being legally entitled to work in New Zealand
- obtaining a satisfactory medical clearance from WDHB
- 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 are 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.

Signature of Applicant:

Today's Date:

Print your Full Name:

Waitemata District Health Board Values and Behaviours will Shape:

- The way we plan and make decisions
- The way we behave with patients, service users, whānau and with each other
- How we recruit, induct, appraise and develop staff
- How we measure and keep improving everyone's experience

“best care for everyone”

This is our promise to the Waitemata community and the standard for how we work together.

Regardless of whether we work directly with patients/clients, or support the work of the organisation in other ways, each of us makes an essential contribution to ensuring Waitemata DHB delivers the best care for every single patient/client using our services.

“everyone matters”

Every single person matters, including patients, clients, family members and staff members.

- Welcoming and friendly
- Respect each individual
- Listen and understand
- Speak up for others

“better, best, brilliant”

We seek continuous improvement in everything we do. We will become the national leader in health care delivery.

- Positive we can make a difference
- Improve services and ourselves
- Safe practice
- Efficient and organised

“with compassion”

We see our work in health as a vocation and more than a job. We are aware of the suffering of those entrusted to our care. We are driven by a desire to relieve that suffering. This philosophy drives our caring approach and means we will strive to do everything we can to relieve suffering and promote wellness.

- Compassion for your suffering
- Attentive and helpful
- Protect your dignity
- Reassuringly professional

“connected”

We need to be connected with our community. We need to be connected within our organisation – across disciplines and teams. This is to ensure care is seamless and integrated to achieve the best possible health outcomes for our patients/clients and their families.

- Communicate to keep people informed
- Explain clearly
- Teamwork with patients, whānau, and colleagues
- Give and receive feedback