

Application for Appointment

Please complete all sections of this form, it must be signed and dated. 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.

Position applied for		Vacancy number (if applicable)	
Last name		First name(s)	
Previous/or other names you are known as (eg, maiden name):			
Postal address		Phone no. (day)	
		Phone no. (evenings)	
		Cellphone	
		Email	

<p>1. Are you legally entitled to work in New Zealand? (ie, as a citizen/permanent resident/holder of current work permit)</p> <p>Do you have a current work permit?</p> <p>Expiry date: <input type="text"/> / <input type="text"/> / <input type="text"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>2. Are you physically located in New Zealand?</p> <p>If No, please indicate your arrival date: <input type="text"/> / <input type="text"/> / <input type="text"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. Have you been convicted of any offence against the law within the last seven years or do you have any criminal charges pending (apart from minor speeding or parking offences)? (Note: a false declaration about prior convictions or pending prosecutions will invalidate your application.)</p> <p>If Yes, please give details:</p> <input type="text"/>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>4. Have you had an injury, disability or illness that could be further aggravated by any tasks you may be required to perform? (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 rule you out of consideration.)</p> <p>If Yes, please give details:</p> <input type="text"/>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>5. Have you ever been an employee of the Ministry of Health, the former Health Funding Authority or Health Benefits Ltd?</p> <p>If Yes, please give dates, position(s) held and location:</p> <input type="text"/>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<p>6. Are you currently represented by a recruitment agency or have you had a short-term placement in the Ministry of Health through an employment agency within the past three months?</p> <p>If Yes, please state who:</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>Are you applying directly to the Ministry of Health without any representation from a recruitment agency?</p> <p>Have you completed your online profile at the Health Talent Pool site (www.health-people.co.nz)?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>7. Where did you learn of this vacancy first?</p> <div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> Ministry of Health website <input type="checkbox"/> Ministry of Health intranet (internal)</p> <p><input type="checkbox"/> NZ Govt Jobs Online <input type="checkbox"/> Seek <input type="checkbox"/> Trademe</p> <p><input type="checkbox"/> Other recruitment website (please state)</p> <p><input type="checkbox"/> Print Media (please state)</p> <p><input type="checkbox"/> Other (please state)</p> </div>	
<p>8. To assure the Ministry of Health 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 the Ministry to give either themselves or their employers, agents or associates a financial advantage outside of the particular contract they have with the Ministry.</p> <p>Situations that are likely to lead to a conflict of interest based on this definition are:</p> <ul style="list-style-type: none"> • 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. <p>Do you believe you have a potential conflict(s)?</p> <p>If Yes, please state:</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

* To obtain a copy of the Ministry's Conflict of Interest Policy document, or you require further information, please contact the Recruitment Team.

Please indicate the names, contact addresses and telephone numbers of anyone you would be happy for the Ministry to contact about your suitability for the position. We need at least two recent work-related referees.

	Name	Contact number
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 the Ministry of Health and, in the event of a review of your provisional appointment, information relevant to the review may be provided to a person seeking or considering seeking a review of appointment. 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. This information will be held in Ministry of Health personnel files and under Ministry of Health Rules of Access.

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. You have the right to view your personal information held by the Ministry of Health in the presence of a staff member of the Human Resources section and may request correction if necessary.

Authority and Declaration

I hereby authorise the Ministry of Health to collect such personal information about me from the named referees as is necessary to assess my suitability for employment with the Ministry of Health and I authorise the Ministry of Health 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 the Ministry of Health for the same purpose.

I authorise the Ministry of Health to access records of my past employment with the Ministry (or the Health Funding Authority or Health Benefits Ltd) if applicable.

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.

I undertake that all information provided by me is correct, complete and not misleading. I understand and agree that failure to provide relevant information that has been sought, or if I provide incorrect or misleading information, I may be disqualified from appointment or dismissed from the Ministry if I am successful in obtaining employment.

By typing your name here you are 'electronically signing' this form. A copy of your email and form will be kept for our records.

Signed (type/sign)	Date
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N.B: If your application is successful, and you are not already an employee of the Ministry of Health, we will require primary proof of identity (i.e.: birth certificate, passport, drivers licence). We may also require original documentation supporting your educational qualifications and if applicable, evidence of your New Zealand citizenship, residence or work permit.

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. <div style="border: 1px solid black; height: 20px; width: 60%; margin-top: 5px;"></div>	
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 <input type="checkbox"/> No <input type="checkbox"/>

For overseas qualifications only:

If you have not had your qualifications evaluated by the Qualifications Evaluation Service of the New Zealand Qualifications Authority, you may be required to do so before any offer of employment can be confirmed. The Ministry of Health will then obtain evidence of this evaluation from the Evaluation Service.

Full details of the Evaluation Service are available from:

Qualifications Evaluation Service
New Zealand Qualifications Authority
PO Box 160
Wellington
New Zealand

Or from their website:

www.nzqa.govt.nz/services/ges

Candidate authorisation

I, _____ (print full name) authorise the Ministry of Health 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	
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