



Application Form

Privacy Statement

Thank you for your interest in Good Partners. We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age sex, religion, disability, medical condition, national origin, or marital status. The information collected will be used by Good Partners to assess your suitability for the position applied for. If your application is successful, the answers and statements in your application will form part of your employment record and will be used for human resource management purposes

VACANCY DETAILS

Position Applied for:

Where did you first see this position advertised?

PERSONAL DETAILS

Title:

Surname /

Family Name:

Given Names:

Preferred Name:

Are there any other names that you may be known by?

Yes

No

If yes:

Date of Birth

CONTACT DETAILS

Postal Address:

City:

Post Code:

Phone (home):

Phone (mobile)

Email:

WORK STATUS WITHIN NEW ZEALAND

Are you a New Zealand citizen?

Yes

No

If not, please complete the remainder of this section:

What is your country of citizenship?

If you are not a New Zealand citizen, do you hold a New Zealand residency permit?

Yes

No

Do you hold a valid NZ work visa/permit appropriate for the job you are applying for?

Yes

No

Visa Details

If you do hold a valid New Zealand work/visa permit please provide details and conditions:

Visa type

Permanent Residency

Working

Student

Holiday

Conditions of Visa:

Work Visa/Permit No.:

Expiry Date:

***Please include a copy of your visa/permit with your application**

PREVIOUS EMPLOYMENT WITH DATES

1.

2.

3.

AUTHORITY TO PRACTISE

Do you have a current New Zealand or Overseas Practising Certificate / Registration?

Yes No

Registration Type	Date of Registration	Country of Registration	Registration Number

Professional Membership

Are you a member of any Society/Professional Association(s) Yes No

Additional comments / information

Please provide any additional comments you wish, to support your application.

FITNESS TO UNDERTAKE WORK

The purpose of gathering the following information is to enable Good Partners Homecare & Nursing to determine whether you have any medical condition, injury or impairment which may affect your ability to perform the required work. It will also identify areas where there could be health and safety risk to you, or others relating to such condition, previous injury or impairment.

Have you ever had significant time off work as a result of an illness, injury or infection that may affect your ability to perform the job applied for? Yes No

If yes, please specify details (including estimate of time off, year of occurrence and reason).

Do you know of any illness, injury, (including chemical sensitivities, skin problems, allergies, hearing or eyesight difficulties) infection, addiction, condition or anything else that may effect your ability to undertake, or be aggravated by, the role that you have applied for, or your employment in general, or might affect you attending work regularly? Yes No

If yes, please specify details

Is there anything else you know of that could affect your ability to be employed in the role you have applied for? Yes No

If yes, please specify details

OTHER RELEVANT INFORMATION

Driver Licence

Do you hold a driver licence that currently allows you to drive, and is valid for use in New Zealand?

Yes No

Indicate licence type: Full Restricted Learners

Criminal Convictions and Disciplinary Action

Have you any criminal convictions, or actions pending which could result in a criminal conviction in New Zealand or overseas and/or are you aware of any matters pending? Yes No

If yes, please specify details

Has your regulatory authority or similar professional body taken any disciplinary action against you in the past, or is there any action pending by your regulatory authority / professional body?

Yes No

If yes, please specify details

Do you consent to Good Partners Homecare & Nursing undertaking a criminal record check?

Yes No

Availability

Do you have any obligations or commitments that may affect your ability to commence employment if offered a position?

Yes No

If yes, please provide details:

Conflict of Interest

To ensure that the organisation operates in an unbiased manner, it is necessary for individuals to declare any conflict of interest. Situations that may lead to conflicts of interest include

1. Secondary Employment with other organizations
2. Involvement in other business that provide similar services to Good Partners
3. Family /Close relationship with staff/clients of Good Partners or similar business.
4. Trustee of a non for profit organization

Do you have any potential conflicts of interest Yes / NO
If yes please state

REFERENCES

Please provide the names and contact details of 2 referees whom we can contact regarding previous employment (these should be current or previous line managers, in the case of clinical applicants they should be from Clinical Staff preferably include your most recent Clinical Supervisor) and 1 personal referee (who knows you personal) .

FIRST REFEREE (ideally current or most recent employer)

Name:

Position:

Company:

Address:

Phone:

Cellphone:

Email:

SECOND REFEREE

Name:

Position:

Company:

Address:

Work Phone:

Cell phone:

Email:

PERSONAL REFEREE

Name:

Position:

Company:

Address:

Phone:

Mobile phone:

Email

STATEMENT OF AGREEMENT

I have no objection to Good Partners Homecare & Nursing to verifying the statements I have made on this application form and attached documentation. I certify that to the best of my knowledge the answers given and any documents in respect of this application are true and correct. If any false information has been given or material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed.

I acknowledge that Good Partners Homecare & Nursing would contact the above referees to seek verbal information on a confidential basis. I accept that any references that are obtained will be confidential and agree to the release of the information contained in this application to other health employing authorities in the event that I make an application to them for a position.

I agree that if I have answered 'yes' to any of the Health Section questions, I consent that Good Partners Homecare & Nursing may seek additional relevant information from any other treatment providers I have seen, and those providers may disclose that information to Good Partners Home care & Nursing .

Signature of Applicant:

Date:

Please return the completed Application Form to

Post: Good Partners Homecare & Nursing
P.O Box 1557 , Invercargill
Email: homecare@goodpartners.co.nz

Thank for completing this application form, we would call you for an interview if applicable and contact your referees after that.