

Staff Application Form

Date: _____

This is an application for employment with: Ativas Ltd t/a Cairnfield House and forms part of any conditions of employment. It is therefore to be completed and signed by the applicant.

Equal Opportunity – We are an Equal Opportunity employer. We hire, train and promote without regard to race, colour, nationality or ethnic origin, sex, marital status, or religious belief.

What position(s) are you applying for? Please tick the box(es) accordingly:

Health Care Assistant		Registered Nurse		Gardener	
Kitchen Assistant		Enrolled Nurse		Clinical Manager	
Cook		Receptionist		Facility Manager	
Cleaner		Administrator		Accountant	
Laundry		Maintenance		House Assistant	

Personal Information

What is your full name? _____

What other name(s) are you known by? _____

What is your street address? _____

What is your *email address*? _____

What are your contact phone numbers? Work: _____

Home: _____ Mobile: _____

If you are not a New Zealand Citizen and if you do not have the right of Permanent Residency here, then New Zealand Immigration requires the company to ask the following questions:

Do you have a work permit? Yes / No

Can you produce the evidence for the above if required? Yes / No

Do you hold a current First Aid Certificate? Yes / No

Can you produce the evidence for the above if required? Yes / No

Education and Qualifications:

School, Teaching Institute, Qualification or University	Dates Attended From:	Dates Attended To:	Obtained

Occupational Qualifications:

Please list occupational qualifications. Where appropriate you will be required to produce the original qualification documents.

Are you currently studying or planning to study for any qualifications? Yes /No

If yes, please give details:

Employment Record:**Most Recent Employer**

Name, Address & Phone No:		
Position Held:		
Duties Performed:		
Hours Worked Per Week:		
Period Employed:	From:	To:
Reason for Leaving:		
Can we contact your present / most recent employer for the purpose of reference checking?	Yes / No	

Next Most Recent Employer

Name, Address & Phone No:		
Position Held:		
Duties Performed:		
Hours Worked Per Week:		
Period Employed:	From:	To:
Reason for Leaving:		

Please give details of any other job or experience which you have had which may be relevant to the position applied for.

Have you worked for Cairnfield House before? Yes / No

If yes, what position did you hold? _____

Do you have a spouse, partner, relative or household member working for this organisation? Yes / No

Police and Reference Checks:

We reserve the right to check Police records.

Have you had any court convictions in the past 10 years? Yes / No

Are you currently awaiting the hearing of charges in a criminal court of law? Yes / No

Identification:

Please provide us with 2 forms of photo ID e.g: Passport, Driving License, Birth Certificate etc.

Referees

We may discuss references with past employers.

In addition to past employers, are there any previous employers you would like us to use as referees?

If so, please list below.

Health and Safety

This organisation is committed to delivering a high standard of care to the elderly, and our employees' safety and health. Do you at present have, or have you had in the past any medical or physical conditions which may affect your ability to carry out functions and responsibilities of the position you have applied for?

If yes, please supply details:

Have you ever had any instruction in manual handling and the transferring of people? If so, please provide details.

You must report an injury before the end of your duty.

Are you willing to go to a Doctor of your Employer's choice? Yes / No

Have you ever claimed against ACC?

Yes/ No

If yes, please give details:

Who should we contact in the event of illness or injury?

Do you suffer from or have you suffered from any transmittable disease including but not limited to MRSA, Hepatitis, HIV? Yes No

If yes, please give details:

In the past 12 months, how many days have you had away from work due to:

Sickness:	Days
Injury:	Days
Domestic:	Days
Other leave:	Days

Orientation

Should your application be successful, we run a comprehensive orientation programme that runs over the first 4 weeks after your commencement at work. This includes workplace supervision where appropriate.

General

Cairnfield House runs on a 24-hour, seven day a week basis. Therefore, as a condition of your employment you will need to be flexible in the hours you will be required to work. This may include some weekend, day and evening work.

Yes / No

If no, please give details:

As a condition of employment, would you agree to your wages being paid by direct credit to your bank account? Yes / No

If your application is successful, you will be required to work overtime as and when required and to abide by Company Policies and Procedures.

If your application is accepted, when could you start work? _____

Office Use

Date Appointed	
Date Commenced	
Duty	
Employment Contract Signed	
Practice Certificate Sighted	
IR 12 Completed	
Bank Account Number Received	

DECLARATION

I, _____ declare that the answers to the questions in this application document are true and correct. I accept that should my application be successful; the foregoing information will form part of my employment contract and falsification of any information is grounds for dismissal.

Signature of Applicant: _____ **Date of Application:** _____

Master Copy

Name of Approved Agency submitting vetting request:

Section 2:

Applicant to complete and return to Approved Agency

(the Approved Agency will submit the vetting request to NZ Police and receive the vetting result)

PERSONAL INFORMATION

Details (note: the name you are most commonly known by is your primary name)

Family name:
(Primary)

First name(s):
(Primary)

Gender: (M) (F) (Other)
☐ ☐ ☐

Date of birth:
(dd/mm/yyyy)

Place of birth:
(town/city/state)

Place of birth:
(country)

NZ Driver Licence number:
(for ID verification by NZ Police – optional)

Passport number:
(if held)

Country of issue:

Only for 'Additional Authorisation' - see page 4

If applicable, please include other names and mark them A, M, or P as appropriate:

- (A) alias or alternate name(s)
- (M) married name if not primary name
- (P) previous/maiden/name changed by deed poll or statutory declaration

Family name:
(A) (M) (P)
☐ ☐ ☐

First name(s):
(A) (M) (P)
☐ ☐ ☐

Family name:
(A) (M) (P)
☐ ☐ ☐

First name(s):
(A) (M) (P)
☐ ☐ ☐

Family name:
(A) (M) (P)
☐ ☐ ☐

First name(s):
(A) (M) (P)
☐ ☐ ☐

Family name:
(A) (M) (P)
☐ ☐ ☐

First name(s):
(A) (M) (P)
☐ ☐ ☐

Permanent New Zealand Residential Address

Number/Street:

Suburb:

Post Code:

City/Town/
Rural District:

Period of
Residence:

Application Copy

Section 2:
continued

Applicant to complete and return to Approved Agency
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CONSENT TO DISCLOSURE (for a New Zealand Police Vet Check)

-for further information, see <http://www.police.govt.nz/advice/businesses-and-organisations/vetting>

I acknowledge and understand as follows:

1. The information about me that NZ Police may consider relevant to my application and release in vetting comprises any conviction history and, for certain agencies, infringement/demerit reports; and it may include other information such as active charges and warrants to arrest, any information received or obtained by NZ Police, and any interaction I have had with NZ Police in any context (including family violence), even where I have not been charged, or charges are withdrawn, or I have been acquitted (not guilty) of a charge, or I have been discharged without conviction.
2. Any conviction history will be released in accordance with the Criminal Records (Clean Slate) Act 2004; this means that, if I am 'eligible' for clean slate (e.g. no convictions for 7 years, never been to prison, no convictions for specified sexual offending, etc – see section 7 of the Act):
 - a) my criminal record of convictions will not be disclosed; but
 - b) if the role for which I have applied is an exception to the clean slate scheme (e.g. predominantly involving care and protection of a child or young person), my criminal record of convictions will be disclosed.
3. When releasing information to non-government Approved Agencies, Police may release the fact, without details, that suppressed information exists in relation to any conviction and, where NZ Police considers it relevant and justified, in relation to any current or past charge however it was resolved (e.g. withdrawn, discharged, acquitted).
4. Where NZ Police holds relevant information that it is unwilling to disclose to the Approved Agency for privacy, confidentiality or law enforcement reasons, NZ Police may recommend against unsupervised access to children or vulnerable persons (this is known as a 'red stamp').
5. The personal information I provide in this form is being collected for vetting purposes, and may also be used for the purpose of updating NZ Police records.
6. I may withdraw this consent, prior to Police's disclosure of the vetting result, by notifying the Approved Agency who will immediately notify NZ Police to cease the vetting process.
7. I am entitled to access the vetting result released to the Approved Agency and seek correction of Police information about me in accordance with the Privacy Act 1993. By making a request to the 'Approved Agency' within 20 working days of submitting this 'Request and Consent' form.
8. No later than three months after the conclusion of the vetting process, the Approved Agency will securely dispose of this consent form and copies of identification documents, as well as the vetting result released by NZ Police, in accordance with the Privacy Act 1993 or, if applicable, the Public Records Act 2005 or any other enactment.
9. The information I have provided in this form relates to me and is correct.

Authorisation

I authorise NZ 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.

Additional Authorisation ~~cross out or strike through this additional authorisation below if not applicable~~

Where the Approved Agency requesting a vet is a NZ Police business group (e.g. vetting for contractors to NZ Police; workers at major security events)

I also authorise:

- NZ Police to disclose the information on this form to, and access information from, other government agencies;
and
- NZ Police to disclose to my employer or other relevant agency its assessment regarding my suitability (only to the extent that I am approved or not approved as suitable, without reasons).

Signature of applicant

Date: