



APPLICATION FORM FOR THE LAURA FERGUSSON TRUST WELLINGTON

POSITION APPLIED FOR:	
Job Title:	
Attachments:	<input type="checkbox"/> CV <input type="checkbox"/> Covering Letter (optional) <input type="checkbox"/> Other (provide details)
PERSONAL INFORMATION:	
Title (e.g. Mr , Mrs , Ms)	
First Name:	
Middle Name:	
Surname (i.e. Last Name/ Family Name)	
Date of Birth (Optional)	
Address:	
Post Code:	
Home Telephone Number:	
Mobile Telephone Number:	
Address:	
Email Address:	
Do you hold a New Zealand Driving Licence?	<input type="checkbox"/> No <input type="checkbox"/> Yes Licence Number If Yes, Do you have any points or convictions

please include full details below:

INFORMATION FOR DISCLOSURE OF CRIMINAL CONVICTIONS?

Please note that all potential and actual employees of the Laura Fergusson Trust are required to pass a police check that is satisfactory to the employer. Failure to disclose information will impact on an appointment and / or any subsequent employment with the Laura Fergusson Trust

Have you ever been convicted of a criminal or civil offence Yes No

If Yes, please provide dates and details.....

Have you any prosecutions pending Yes No

If Yes, please provide dates and details and the status of the proceedings:.....
;

Have you ever been convicted of a driving offence that resulted in you being disqualified from driving Yes No

If Yes, please provide dates and details.....

CONFLICT OF INTEREST

To ensure that the organisation can operate in an impartial manner, it is necessary for individuals to:

- declare whether they have any potential conflicts of interest;
- confirm that they will not misuse any knowledge of information they obtain during their employment with the Laura Fergusson Trust.

Situations that may lead to a conflict of interest include:

- secondary employment with other organisations;
- involvement in other businesses that work in opposition, or provide services to the organisation;
- beneficial interests in a Trust;
- family or close personal relationships with staff and/or clients

On these grounds, do you have any potential conflicts of interest?



Yes

No

If yes, please state the nature of these conflicts:

REFEREES

Please list the contact details of three referees who we could contact about your suitability for the position. We need at least **two** recent work related referees, including your current or most recent manager/employer.

	Referee 1	Referee 2	Referee 3
Name of Referee			
Company Name			
Position			
Relationship to Applicant			
Phone Number			

EDUCATIONAL HISTORY

Please list all educational achievements, the location of the educational institution attended and the dates of attendance, starting with your highest educational achievement.

ANNUAL PRACTICING CERTIFICATE (where relevant)

If you are registered nurse or allied health professional, please answer the following questions:

Do you have a current practicing certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any current disciplinary, complaint or competency proceedings with the Nursing Council of New Zealand or any other investigative regulatory body?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please give the details of the status of any investigations and/or the outcome of the proceedings and any restrictions on your practice?

TRAINING

You will be required as part of your induction into the organisation to undertake relevant training for the role. This may include on-the-job training and/or attendance at appropriate courses. These will be discussed in detail if you are successful in your application.

Do you agree to commit to attend training as required? Yes No

AVAILABILITY

This question is applicable to service delivery roles only – not to office-based positions.

What kind of employment are you seeking?	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual
Are you able to work on a rotating roster over a 7-day week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to work night shifts on a rotating roster over a 7-day week?	<input type="checkbox"/> Yes <input type="checkbox"/> No

AVAILABILITY

Please state the days and times you are available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
Night Shift							

Will you be available to work during the school holidays?

Yes

No

Are you restricted to working limited hours?

Yes

No

If yes, please explain your restrictions:

AUTHORITY AND DECLARATION

In assessing my suitability for employment, I hereby authorise:

- my referees to disclose personal information about me to the organisation
- the organisation to collect this information, and to disclose it as necessary.

DECLARATION: I undertake that all information provided by me is correct, complete and not misleading. I confirm that the information provided in this application and within my Curriculum Vitae is correct, complete, truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statements may result in my being disqualified from this application process, place any offer of employment and / or subsequent employment in jeopardy and may result in the termination of my employment.

Signed: _____

Name (Print): _____

Date: _____

12. EQUAL EMPLOYMENT OPPORTUNITY (EEO) STATISTICS

The Laura Fergusson Trust is committed to being an equal opportunities employer and wishes to monitor the effectiveness of our recruitment and employment practices. It would be helpful for us if you complete the section below however this is **not a requirement** and a decision to share or not share such information will not affect your application and or the recruitment process

Any information shared with us for EEO purposes is gathered for statistical purposes only.

Gender: Male Female

Ethnicity:

- | | |
|--|---|
| <input type="checkbox"/> New Zealand Māori | <input type="checkbox"/> New Zealand European |
| <input type="checkbox"/> Pacifica | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> African |
| <input type="checkbox"/> Latin American | <input type="checkbox"/> Other European |
| <input type="checkbox"/> Other Ethnic Origin | |

Disability: Do you consider yourself to have a long-term condition or health problem that has lasted, or is expected to last, for six months or more?

Yes No

How did you hear about this vacancy?

- | | |
|--|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Website |
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Recruitment Agency |
| <input type="checkbox"/> Other | |

If you checked *Newspaper*, *Website* or *Other*, please specify: