

# PATHWAYS APPLICATION FOR EMPLOYMENT (CONFIDENTIAL)

Position applied for:..... Date: .....

Full Name.....

Contact address.....

Telephone..... Mobile..... E-mail.....

Which is the best way to contact you?.....

How did you hear about this role/where did you see this role advertised? .....

## Specific Work Requirements

1. This position requires that you hold a full current NZ driving licence for a manual vehicle. Do you hold a full NZ licence for a manual vehicle?  Yes  No

If it is a restricted licence, when do you qualify for a full licence? \_\_\_\_\_

2. Do you have any demerit points? Please advise \_\_\_\_\_

3. Do you have any advanced driving certificates?  Yes  No

4. Do you have a current First Aid Certificate?  Yes  No

5. Do you have computer skills?  Yes  No

If yes, do you have skills in any of the following?

**Excel**  Yes  No **Word**  Yes  No **Microsoft Outlook**  Yes  No

Please provide details \_\_\_\_\_

6. Can you hold an everyday conversation in a language other than English?  Yes  No

If yes, please specify \_\_\_\_\_

7. Are you able to work rosters?  Yes  No

8. Are you able to work shifts including weekends?  Yes  No

9. Are you able to do sleep-overs?  Yes  No

10. Have you ever worked for Pathways Health Ltd or the Wise Group before?  Yes  No

11. Do you have a spouse, partner, or household member working in Pathways or elsewhere in the industry?  Yes  No

12. Are you a member of any territorial force unit?  Yes  No

If yes, have you completed the whole of the training?  Yes  No

13. Do you have any secondary employment?  Yes  No

14. Do you have any other commitments that may prevent you from being able to come to work? If so please specify \_\_\_\_\_

## Education and Qualifications

Please provide information on your level of education relevant to this position.

Relevant Training Institution	Years attended		Degrees, Diplomas, Certificates etc	Year
	From	To		

## Competencies

Please give a description of how you meet each of the essential competencies set out below.

### Work in a team environment

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### Communicate with a range of people

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### Enthuse and motivate people

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### Manage stressful situations

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### Experience/understanding of mental health services in New Zealand

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### Manage conflict

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*Please include anything else you would like to tell use about yourself that is relevant to the position you are applying for: e.g., voluntary work, skills gained in home management, personal interests or hobbies (continue on a separate sheet if necessary).*

## Most Recent Employment

Position: \_\_\_\_\_ Date started: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Reason for wanting to leave: \_\_\_\_\_

## Previous Employment

Your full employment record is required. (Show present position first – it is essential that dates are accurate).

Start Date	Finish Date	Employer's name and address	Position Held*

\*Under position held, please state specifically, e.g. nurse, receptionist, support worker etc

## Professional Membership

Are you a member of a professional body?  Yes  No

If yes, name of professional body \_\_\_\_\_

Please attach a copy of your current membership certificate/document.

## Immigration Status

Are you legally entitled to work in New Zealand?  Yes  No

If yes, are you a NZ citizen?  Yes  No OR

NZ permanent resident?  Yes  No

Australian citizen?  Yes  No

Holder of a work permit for this organisation?  Yes  No

Holder of an open work permit?  Yes  No

## Professional Discipline

Have you ever been subject to a professional disciplinary inquiry, or have knowledge of an event that might give rise to a disciplinary inquiry?  Yes  No

If yes, please give details \_\_\_\_\_

## Declaration

Applicants must complete this form personally and answer all questions. If incorrect or misleading information is given or relevant information omitted, applicants may be disqualified from appointment, or if appointed be liable for dismissal.

Applicants may supplement this application form with statement giving further particulars of qualifications and/or experience in support of their application.

UNDER THE OATHS AND DECLARATION ACT 1957 I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE.

**Applicant's signature** \_\_\_\_\_ Date \_\_\_\_\_

Earliest date you are able to commence work if required? \_\_\_\_\_

## Referees

Please complete the following details for three people you authorise us to contact to obtain referee reports. At least one should be from your most recent employer. Others may include community leaders or Kaumatua. If a school leaver, you should include a testimonial from your school. If you are submitting testimonials photocopies only should be provided and you may be requested to produce the originals.

(1) Name and job title \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Contact phone number \_\_\_\_\_  
 E-mail address (if available) \_\_\_\_\_  
 Position of referee in relation to you (*e.g., employer, community leader etc*) \_\_\_\_\_

(2) Name and job title \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Contact phone number \_\_\_\_\_  
 E-mail address (if available) \_\_\_\_\_  
 Position of referee in relation to you (*e.g., employer, community leader etc*) \_\_\_\_\_

(3) Name and job title \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Contact phone number \_\_\_\_\_  
 E-mail address (if available) \_\_\_\_\_  
 Position of referee in relation to you (*e.g., employer, community leader etc*) \_\_\_\_\_

I authorise Pathways Health Ltd to contact the referees nominated above and authorise the referees to release the requested information to Pathways Health Ltd. I agree and accept that all referees reports obtained for the purpose of this application will be confidential to Pathways Health Ltd and will not be made available to me.

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# HEALTH DECLARATION - CONFIDENTIAL

HEALTH DECLARATION FOR THE POSITION OF \_\_\_\_\_

I, (full name) \_\_\_\_\_ have read the job/position description.

I declare that either (tick one box):

I have no health condition or disability that would prevent me from undertaking the requirements of this position in a manner that is safe for others and me

OR

I have the following health condition(s) and/or disability which will either **limit my ability to undertake the requirements of this position, or which will require adaptations to the workplace or work procedures** to enable me to undertake the requirements of this position in a manner which is safe for others and me.

Have you had any ACC claims for past work-related accidents or injuries?

Yes  No

I **have / have not** (delete one) had any health problems, including ones which result from any accidental injury or medical condition caused by gradual process, disease or infection which may be aggravated by my working at the job for which I am applying, or which may reduce my ability to carry out efficiently all the duties required for me. For example OOS (Occupational Overuse Syndrome).

If you **have** an injury or medical condition and or disability please state these, and the accommodations that would be required to enable you to undertake the requirements of this position:

I **do / do not** (delete one) currently take any prescribed medications, the side effects of which may prevent me from performing the requirements of this position. Please state these medication(s) and describe the side effects that could affect you from undertaking the requirements of this position.

I give my consent for the Occupational Health Physician appointed by Pathways Health Ltd to co-ordinate the assessment of any health condition or disability which I have declared, and I understand that this may involve me being requested to undergo a medical examination.

I understand that this information is confidential to Pathways Health Ltd and will be subject to the provisions of the Privacy Act 1993 and the Health Information Privacy Code 1994. I understand that withholding of information or providing incorrect information in this questionnaire could disqualify me as an applicant, or, if appointed, render me liable to dismissal.

UNDER THE OATHS AND DECLARATION ACT 1957 I DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION I HAVE GIVEN ABOVE IS CORRECT.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# DECLARATION OF CRIMINAL AND CIVIL CONVICTIONS AND CHARGES PENDING

**(Confidential)**

**DECLARATION FOR THE POSITION OF** \_\_\_\_\_

It is important for Pathways to identify whether potential employees have criminal or civil charges not covered by the clean slate scheme (as set out in the Clean Slate (Criminal Convictions) Act 2004) or diversion orders pending, or expect to be involved in any litigation that may affect their employment. Pathways' contract with the Ministry of Health requires that all persons employed by Pathways have not been convicted of a crime as identified in Part VII of the Crimes Act 1961. We understand and respect an applicant's right to privacy and the information on this declaration will only be used for the purpose of determining whether an applicant is suitable for employment with vulnerable people.

If you do have any criminal or civil charges, diversion orders, or expect to be involved in any litigation, complete section B of the declaration and place the completed form *in a sealed envelope addressed Private and Confidential, Area Manager, Pathways* and *include this envelope with your application*.

The Area Manager will view this information and determine your suitability for employment. Your information will be confidential to the Area Manager and Chief Executive. *Please note, if misleading or incorrect information is given in this declaration and you are appointed to a position, you may be dismissed from employment for provision of incorrect information.*

## Section A

Complete this section if you **do not have** any criminal or civil charges, diversion orders, or expect to be involved in any litigation.

I, *(full name)* \_\_\_\_\_ declare that I do not have any criminal or civil convictions, impending charges, or expect to be involved in any litigation.

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

If you have completed section A, please send this form in with your application.

## Section B

Complete this section if you **do have** criminal or civil charges not covered by the clean slate scheme (as set out in the Clean Slate (Criminal Convictions) Act 2004), diversion orders, or expect to be involved in any litigation.

I, *(full name)* \_\_\_\_\_ declare that I have the following criminal or civil convictions, impending charges and/or expect to be involved in the following litigation.

<i>Date</i>	<i>Description of criminal or civil charges and/or diversion orders</i>	<i>If you wish please add any comments that relate to your suitability for this position</i>

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_