

**WAKEFIELD HOSPITAL:** Private Bag 7909, Wellington 6242, New Zealand  
**BOWEN HOSPITAL:** 98 Churchill Drive, Crofton Downs, Wellington 6035, New Zealand  
**ROYSTON HOSPITAL:** 500 Southland Road, Hastings 4122, New Zealand  
**Email:** careers@acurity.co.nz **Web:** www.acurity.co.nz



**CRIMINAL OFFENCES**

Have you been convicted of a criminal offence? YES / NO  
 Have you participated in the diversion scheme? YES / NO  
 Do you have any criminal actions pending which could result in a criminal conviction either in New Zealand or overseas? YES / NO  
 Are you aware of any pending matter which may affect the status of your current licence to practice etc (if that licence relates to the employment you seek)? YES / NO  
 If yes to any of the above please give details: \_\_\_\_\_

Do you consent to AHGL undertaking a criminal record check? YES / NO

**YOUR ASPIRATIONS / HOBBIES / INTERESTS?** \_\_\_\_\_

How did you hear about this position? AHGL Website/Newspaper/SEEK/TradeMe/Other \_\_\_\_\_

**INTRODUCTION**

Were you introduced to this position by a current AHGL staff member or Specialist? YES / NO  
 If Yes, who \_\_\_\_\_

**DECLARATION**

**I have no objections to Acurity Health Group Limited (AHGL) verifying the statements I have made on this application form. However, I understand that my present employer will not be contacted without my consent.**

I acknowledge that AHGL may contact my named referees for further information. I understand and accept that any references that are obtained by AHGL will be confidential and will be used by AHGL to evaluate my suitability for employment with AHGL and I will not be entitled to have access to any references obtained.

I, \_\_\_\_\_ (full name), declare to the best of my knowledge the answers in this application are correct and that, if I have supplied a CV, it is accurate and current. I understand that if any false or deliberately misleading information is given or any material fact suppressed, I will not be accepted; or if I am employed, such falsification will be treated as serious misconduct for which the penalty is instant dismissal.

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

**PLEASE NOTE**

If your application is successful the information you provide on this application will be retained on your personnel file. You have a right of access to personal information contained on your personnel file and to seek any correction you think necessary to ensure accuracy.

If your application is unsuccessful do you consent to AHGL retaining the information contained in this application form for the purposes of considering your suitability for any other position that may arise within the organisation in the future? If yes, the information will be retained for a period of 12 months for this purpose? YES / NO

I agree to enquiries being made of the noted referees as to the accuracy of information contained in this application form, or any other matter relating to my suitability for employment YES / NO

Signature \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

**Important:** In order for us to consider your application you should provide complete information in answer to each question, regardless of whether you consider it relevant to the position applied for.

**POSITION APPLIED FOR** \_\_\_\_\_

**HOSPITAL SITE** \_\_\_\_\_

**PERSONAL DETAILS**

**NAME** \_\_\_\_\_ Mr / Mrs / Ms / Miss / Dr  
 Family Name First Name (including your preferred 'known as' name, if applicable)

If known by any other names, please specify \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ Phone No. Home \_\_\_\_\_  
 \_\_\_\_\_ Phone No. Work \_\_\_\_\_  
 \_\_\_\_\_ Mobile No. \_\_\_\_\_  
 \_\_\_\_\_ Email \_\_\_\_\_  
 \_\_\_\_\_ ID Confirmation \_\_\_\_\_  
 (Drivers Licence or Passport)

**RESIDENT STATUS** Do you have the right of permanent residence in New Zealand? YES / NO  
 or, Do you have a valid Work Permit? YES / NO  
 (Please note: You are required to produce evidence of your eligibility to work in New Zealand.  
 Please attach copy of Passport or Visa)

**EDUCATION AND TRAINING**

Secondary School Attended \_\_\_\_\_

Number of Years Attended \_\_\_\_ Highest Qualification Attained \_\_\_\_\_

**OTHER QUALIFICATIONS**

Qualification	Year	Training Centre / Hospital

Practising Certificate No. (if appropriate) \_\_\_\_\_

What languages can you speak other than English? \_\_\_\_\_

## EMPLOYMENT HISTORY

### YOUR CURRENT EMPLOYER

Position Held	
Employer	
Year: From – To	
Area of Work	
Reason for Leaving	

### YOUR NEXT MOST RECENT EMPLOYERS

Position Held	
Employer	
Year: From – To	
Area of Work	
Reason for Leaving	

Position Held	
Employer	
Year: From – To	
Area of Work	
Reason for Leaving	

Position Held	
Employer	
Year: From – To	
Area of Work	
Reason for Leaving	

## REFEREES

Please give details of referees – recent employers preferred – from whom we can obtain written or verbal references on your work, background and experience:

(1) _____	(2) _____
_____	_____
_____	_____
_____	_____
Phone: _____	Phone: _____
Email: _____	Email: _____

## PERSONAL HEALTH

Have you suffered from any major illnesses/disabilities in the past that may affect your ability to effectively carry out the functions and responsibilities of the position for which you are applying? YES / NO

If Yes, please specify: \_\_\_\_\_

Do you have any medical or other condition, which may be affected or reactivated by the nature of duties, materials and the work environment associated with the position you have applied for? YES / NO

If Yes, please specify: \_\_\_\_\_

Does your eyesight require that you wear prescription lenses to attain the vision required for the position applied for? YES / NO

Do you have any hearing disability? YES / NO

If Yes, please specify: \_\_\_\_\_

Are you allergic to, or have any sensitivity to any substances or chemicals? YES / NO

If Yes, please specify: \_\_\_\_\_

Have you ever suffered from any of the following? If Yes, please specify

- Hepatitis B or C Yes / No \_\_\_\_\_
- MRSA Yes / No \_\_\_\_\_
- Any mental illness Yes / No \_\_\_\_\_
- Spinal disability / Back injury Yes / No \_\_\_\_\_
- TB Yes / No \_\_\_\_\_
- Gradual process injury (e.g. OOS, RSI) Yes / No \_\_\_\_\_
- Dermatitis or Eczema Yes / No \_\_\_\_\_

Have you had a claim accepted by ACC in the last five years? YES / NO

If Yes, please specify: \_\_\_\_\_

Are you aware that any false information given in relation to your medical history may result in loss of entitlement for any compensation from ACC? YES / NO

## OTHER

Have you worked for Acurity Health Group Ltd (AHGL) previously? YES / NO

If Yes, please specify which site and the date(s): \_\_\_\_\_

Do you know anyone currently working at AHGL? YES / NO

If Yes, who? \_\_\_\_\_

Are you a member of a Union? YES / NO

If Yes, which Union? \_\_\_\_\_

Do you intend to engage in other paid work whilst employed in the position applied for? YES / NO

Are you a member of a territorial force unit or volunteer fire brigade? YES / NO

Are you able to work overtime? YES / NO

If No, why? \_\_\_\_\_

If your application is accepted, when could you commence employment? \_\_\_\_\_

## DISCIPLINARY ACTION

Has your professional body taken any disciplinary action against you in the past or is there any action pending by your professional body, which may affect your ability to carry out the duties required for the position you are applying for? YES / NO

If Yes, please give details \_\_\_\_\_