|  |  |  |  |
| --- | --- | --- | --- |
| Role applied for: (Please include local area or region) | | | Date |
| Personal information | | | |
| Last Name | | First Name(s) | |
| Physical/Street Address | | Postal Address Same as Physical 🖵 Or add different postal address | |
| Mobile phone number | | Landline phone number | |
| Email | | | |
| Education and Training including Professional, Occupational and/or Trade Qualifications  By completing this section you are giving Access permission to contact the institutions named below regarding your qualifications and training history. | | | |
| Secondary School (Not applicable if you left school over 15 years ago) | | | |
| Dates | Subjects Studied and Qualifications Gained | | |
| Other Education or Institution : | | | |
| Dates | Courses Taken and Qualifications Gained | | |
| Other Education or Institution : | | | |
| Dates | Courses Taken and Qualifications Gained | | |
| Other occupational, trade or professional training, experience and /or qualifications, relevant to the role applied for (include relevant memberships of business, professional or employee associations and voluntary work) | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| Employment Experience | | | | | | |
| Most recent or present employer: | | | | | | |
| Position | | | | From | | To |
| Key Responsibilities | | | | | | |
| Reason for Leaving. | | | | | | |
| Previous Employer: | | | | | | |
| Position | | | From | | | To |
| Key Responsibilities | | | | | | |
| Reason for Leaving. | | | | | | |
| Other employment or similar experience that is relevant to this application | | | | | | |
|  | | | | | | |
| **Have you worked for Access previously?** | | | | | | |
| |  |  | | --- | --- | | No 🖵 | Yes 🖵 (If “Yes”, please give details). | | Details | | | | | | | | |
| Details | | | | | | |
| Health | | | | | | | |
| Do you have, or have you had, any injury or medical conditions caused by gradual process, disease or infection — e.g. hearing loss, sensitivity to chemicals, occupational overuse syndrome (OOS), back injury or strain, asthma, allergies, stress-related conditions — which might be aggravated by the requirements of this position or prevent your carrying out its responsibilities? | | | | | | | |
| No 🖵 | Yes 🖵 (If “Yes”, please give details). | | | | | | |
| Details | | | | | | | |
| Do you know of any other reason that would prevent you from performing the role that you have applied for?  (Mental health, responsibility for others that may impact reliability)? | | | | | | | |
| **References: *Two work related references required – at least one of which must come from someone who has recently been your direct manager.*** | | | | | | | |
| Name: Employer: | | | | | | | |
| Email address: | | | | | | | |
| Mobile no: Landline: | | | | | | | |
| Relationship: | | | | | | | |
|  | | | | | | | |
| Name: Employer: | | | | | | | |
| Email address: | | | | | | | |
| Mobile no: Landline: | | | | | | | |
| Relationship: | | | | | | | |
| Right to work in NZ | | | | | | | |
| Do you need a work permit to work in New Zealand? | | Yes 🖵 | | | No 🖵 | | |
| If “Yes”, please note the date of expiry of this permit: | | Expires: | | | | | |
| If “Yes”, please attach a copy of the permit to this application. | | | | | | | |

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| Criminal Charges/ Conviction(s) | | | | |
| Have you ever been charged with (including pending prosecutions) or convicted of a criminal offence?  If yes, please provide details here:  **Note:** The provisions of the Vulnerable Children Act 2014 may apply. | | | Yes 🖵 | No 🖵 |
| **Registered staff only:**  Has any professional body taken any disciplinary action against you in the past or is there any action pending by a professional body which may affect your ability to carry out the duties required for the position for which you are applying? | | | Yes 🖵 | No 🖵 |
| Driver’s Licence (To be completed by support workers and nurses only) | | | | |
| Do you hold a current NZ driver’s licence? | Yes 🖵 | No 🖵 | | |
| If invited to interview you will be required to show your driver’s licence. Expiry Date: / / | | | | |
| Do you have a reliable warranted vehicle that is available to you to attend client cares? (Support Worker only) Yes 🖵 No 🖵 | | | | |
| Personal Cell phone (To be completed by support workers and nurses only) | | | | |
| It is a condition of employment that you have a phone capable of using the AVA application.  Do you have a smart phone that you will use for the purposes of recording client visits? (Support Worker only)  Access provides software and a transactional payment for support workers who use their smart phone to record client visits    Yes 🖵 No 🖵  If yes is it  Android 🖵 iPhone 🖵  If you have answered **yes** to the above, do you consent to downloading and using AVA application on your personal smart mobile phone to record client visits?  Yes 🖵 No 🖵  If you have answered **no**, in exceptional circumstances, Access may be able to help you purchase a phone that is capable of using the AVA application and deduct the cost in instalments from your pay over an agreed period of time. Would you be willing to accept this arrangement?  Yes 🖵 No 🖵 | | | | |

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| **Preferred Hours of work: THIS SECTION IS FOR SUPPORT WORKER APPLICANTS ONLY** | | | | | |  | |  |
| Access provides care seven days a week, including limited public holiday support. If you are offered work by Access, what are your preferred hours? | | | | | | | | |
| Day/Times | Before 7am | 7am to 10 | 10am to 1pm | 1pm to 4pm | 4pm to 7pm | | 7pm to 10pm | |
| Monday |  |  |  |  |  | |  | |
| Tuesday |  |  |  |  |  | |  | |
| Wednesday |  |  |  |  |  | |  | |
| Thursday |  |  |  |  |  | |  | |
| Friday |  |  |  |  |  | |  | |
| Saturday |  |  |  |  |  | |  | |
| Sunday |  |  |  |  |  | |  | |
| Do you have extra availability during school holidays? | | | Would that change for you at any time of the year? | | | | | |
| How many hours per week would you like to work? | | | Minimum | | Maximum | | | |

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| --- | --- |
| Declaration: I confirm that the information contained in this application form is complete and accurate and understand that if I am a successful candidate my employment may be terminated if any information is found to be inaccurate or incomplete. | |
| Applicant’s Signature | Date |
| The information you provide will be used by authorised employees to consider your suitability for the position you have applied for. If your application is unsuccessful, this application form will not be retained. | |

Please send this completed Application Form, along with your Curriculum Vitae/Cover Letter by email to: [recruitment@access.org.nz](mailto:recruitment@access.org.nz)