Information collected on this form is used to assess Your suitability for employment at McKenzie HealthCare Ltd. This information will be held in a secure place with only properly authorised people having access to it. You have the right of access to your personal information and to seek any correction you think necessary to ensure accuracy.

Once completed please email this form to hr@mhc.org.nz or alternatively drop in to our facility.

Position applied for……………………………………………………………………………………………………………………………………………………….

Where did you see this vacancy advertised?......................................................................................................................

Have you seen the job description? Yes No

If your application was successful, when could you start?.................................................................................................

# Personal Details

First Name(s)……………………………………………………………………. Surname……………………………………………………………………………

Preferred Name…………………………………………………………………………………………………………………………………………………………….

Home Address………………………………………………………………………………………………………………………………………………………………

Postal address……………………………………………………………………………………………………………………………………………………………….

Email Address……………………………………………………………………………………………………………………………………………………………….

Home Phone (……..)………………………………………………………. Cell Phone (………..)……………………………..……….……………………….

Work phone (……..)………………………………………………………. May we call you at work? Yes No

# Work Status

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

*(you will be required to produce evidence of your eligibility to work in New Zealand)*

# Fitness to undertake work

The purpose of gathering this information is to enable McKenzie Healthcare Ltd to determine whether you have any medical condition, injury or impairment which may affect your ability to perform the required work. It will also identify areas where there could be a health and safety risk to yourself or others.

Have you ever had significant time off work because of an illness, injury or infection that may affect your ability to perform the role you have applied for? If Yes, please tell us more.

Yes No

Have you every consulted a health professional for a gradual process illness, injury, or infection? If Yes, please tell us more.

 Yes No

Do you Have (or have you had) a medical condition, disorder, or injury (including chemical sensitivities, skin problems, allergies, hearing, or eyesight difficulties) that could affect your ability to undertake or be aggravated by the role you have applied for, or your employment in general or might affect your attendance at work? If Yes, please tell us more ….

Yes No

Do you have any condition that would prevent you from wearing personal protective equipment e.g., mask, gloves etc? If Yes, please tell us more ….

 Yes No

## Note: A prior gradual process or musculoskeletal injury may not prevent you working for McKenzie HealthCare Ltd, although injury documentation may be required.

Have you now, or at any time in the past had any problems with addictions to alcohol or drugs? If Yes please tell us more….

 Yes No

Are there any disability needs, which will require accommodation if you are successful with your application? If Yes, Please tell us more ….

 Yes No

Vaccination status (please circle one): Fully Vaccinated Not Vaccinated Partially Vaccinated

*(Proof of vaccination or Medical exemption will be required)*

# Other

Do you hold a current drivers licence? Yes No

If yes, please state class(es) covered……………………………………………………………………………………………………………………………

The following question relates to your credibility and suitability for employment in a health organisation.

Have you any criminal convictions or actions pending which could result in a criminal conviction in New Zealand or overseas and/or are you aware of any pending matter which may affect the status of your current licence? If yes, please tell us more….

 Yes No

Do you consent to McKenzie HealthCare Ltd undertaking a criminal record check? Yes No

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 your duties required for the position you are applying for? If yes, please tell us more ….

 Yes No

# Education and Training

|  |  |  |
| --- | --- | --- |
| **Name / location of establishment** | **Years** | **Qualification** |
| From | To |  |
| Secondary |  |  |  |  |
| University |  |  |  |  |
| Vocational |  |  |  |  |

Membership of any Society/Professional Association ………………………………………………………………………………………………….

Are you studying at present? Yes No

If Yes, what courses? ……………………………………………………………………………………………………………………………………………………

# Registration / competency Details

Registration Authority……………………………………………………………. Registration number …………………………………………………..

Expiry date …………………………………………………………………………………………………………………………………………………………………..

Restrictions ………………………………………………………………………………………………………………………………………………………………….

### Special Courses / Training undertaken

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From | **To** | **Course** | **Establishment** | **Details** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From | **To** | **Employer** | **Position** | **FT/PT** | **Reason for leaving** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

### Special Courses / Training undertaken

### Special Courses / Training undertaken

Please list two referees whom we can contact about your previous employment. These should preferably be current or previous managers/supervisors.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | **Position** | **Company** | **Address** | **Telephone** |
|  |  |  |  |  |
|  |  |  |  |  |

### Statement of Agreement

I have no objections to McKenzie HealthCare Ltd verifying the statement s I have made in y application. I understand that my present employer will not be contacted without my consent. Verification includes contacting the above referees for further information. I understand and accept that any references that are obtained by McKenzie HealthCare Ltd will be confidential and will be solely to evaluate my suitability for employment and I will not be entitled to have any access to any references obtained.

I certify that to the best of my knowledge the answers given and any documents relating to my application are true and correct. I understand that any position I may be offered will be based on the answers and the details I have provided and if any false information be given or material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed.

Signature ……………………………………………………………………………………………………. Date ………………………………………………………

### HR coordinator to complete.

Tick when the following documents have been sighted & copy taken (where Relevant) and/or follow up activity completed.

- identification (Verify signature)

- Work Permit Expires on ………/………/…….. (attach copy)

- Practising Certificate No……………………………………………………………………….. Expiry ………………………………………………………..

Police vetting Consent

###### AUTHORISATION TO DISCLOSE INFORMATION

I, ………………………………………………………………………………………………………………………………………………………………………………….

 (First Names) (Surname)

……………………………………………………………………………………………………………………………………………………………………………………..

(Maiden or any other names used)

Sex ………………………………………………………………………… Nationality ………………………………………………………………………………….

Date of Birth ………………………………………………………… Place of Birth ……………………………………………………………………………….

Residential Address ………………………………………………………………………………………………………………………………………………………

Suburb ……………………………………………………………….. City ……………………………………………………………………………………………….

NZ Driver Licence number ……………………………………………………………………………………………………………………………………………

I authorise disclosure to McKenzie HealthCare by New Zealand Police of ANY information that may be held by Police. I understand that this is not limited to conviction information.

Where that information relates to any record of criminal convictions I might have, I understand that it will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean slate) Act 2004.

### Vetting can only be carried out with the consent of the applicants, as evidenced by the signature and the date as follows:

*Results of police vetting will be destroyed after viewing.*

Signed ……………………………………………………………………………..………… Date …………………………………………………………………….