



NELSON REGION HOSPICE TRUST

Thank you for your enquiry regarding a vacancy at Nelson Region Hospice Trust. The Nelson Region Hospice Trust requires the enclosed application form to be completed and signed.

Plus the following:

- a letter of application
- a curriculum vitae (copy only)

Please note:

- Nelson Region Hospice would be pleased to accept copies of original documents with your application, however the return of original documents cannot be guaranteed.
- For ease of processing we request that your application is not presented in a folder.

Your completed application should be forwarded to:

**Personal Assistant
Nelson Region Hospice Trust
P. O. Box 283
NELSON 7040
pa@nelsonhospice.org.nz**

If you have any queries please contact

**Pat Curry
Chief Executive
Ph: 03 546 9314
pat.curry@nelsonhospice.org.nz**

The Application form is a primary source of information that will be used by Nelson Region Hospice to consider your suitability for the position for which you are applying. If successful, such information will form part of your records at Nelson Region Hospice. Failure to supply the information requested could prejudice our ability to assess your suitability for the position.



NELSON REGION HOSPICE TRUST

I understand that I may be required to produce originals of educational certificates, practicing certificates and, if required, evidence of my legal authority to work in NZ.

I declare that to the best of my knowledge, the answers given in this application form (and details in my enclosed curriculum vitae) are correct. I confirm that I have provided all information that may be relevant to employment with Nelson Region Hospice Trust.

I understand that if I have given incorrect or misleading information or have left out any important information I may not be accepted for employment, or if I am employed, I may be dismissed.

I agree to undertake a medical examination should it be required for this position.

Under the Privacy Act 1993 I authorise you to verify information.

Name: (Print Clearly) _____

Signed: _____ **Date:** _____



NELSON REGION HOSPICE TRUST

CONFIDENTIAL APPLICATION FOR EMPLOYMENT

This information is being collected to ensure that the Nelson Region Hospice Trust can recruit the best qualified candidates for any vacant positions.

The Treatment of any information provided will comply with the Privacy of Information Act 1993. The information will be stored in secure files and some elements will be held on computer storage disk. This information may be corrected at any time by you.

It is the Trust's policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training in accordance with the Human Rights Act 1993.

1. Position Applying For

Position Applied for _____
Availability to Start _____
Prepared to work: (please ✓ to indicate availability)
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Shift work <input type="checkbox"/> Casual <input type="checkbox"/>
Other (specify) _____

2. Personal Details

Surname: _____	Given Names: _____
Address: _____	
_____ Postcode: _____	
Postal Address (if different) _____	
Telephone: Home _____	
Business _____	
Cellphone _____	
Email Address _____	



NELSON REGION HOSPICE TRUST

3. Residential Status

Do you have permanent residency in New Zealand?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please give details _____				
Are you legally entitled to work in New Zealand?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please give details _____				

To be completed if applying for Registered Nurse or Medical Office position				
Do you hold a current Annual Practising Certificate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(Please attached a <u>copy</u> of the certificate)				

4. Criminal Offences / Driving Record

Have you ever been convicted or have a pending conviction for a criminal offence?						
No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, please detail type of offence and date		

Do you have a current driving licence?	Provisional	<input type="checkbox"/>	Full	<input type="checkbox"/>	Other	<input type="checkbox"/>
Do you have any current endorsements, or demerit points?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If yes, please give details						



NELSON REGION HOSPICE TRUST

5. Health

The following questions are being asked to comply with the obligations under the Health and Safety in Employment Act 1992

Please answer *all* of the following questions:

Have you ever suffered any injury which has resulted in you taking time off work?

Yes No

Have you ever suffered any back injury or back strain?

Yes No

Have you ever suffered from any overuse injuries, eg OOS?

Yes No

Are you allergic to, or have sensitivity to any substance or chemicals?

Yes No

If yes, please give details: _____

Do you have any other condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for?

Yes No

If so, please give details: _____



NELSON REGION HOSPICE TRUST

6. Education

Do you speak or read any languages other than English? Yes No

If yes, give details: _____

Secondary School or Tertiary Institution attend	From	To	Achievement

Other Training Education (please use the reverse side if you require more space)				
Place of Education			Type of Training	Qualifications
	From	To		



NELSON REGION HOSPICE TRUST

7. Employment History

Previous employments (please include details of your most recent employment here, and use the spaces below to give details of other employment, working backwards from the most recent)

Present/Previous employer _____

Type of business _____

Address _____

Starting date _____ Leaving Date _____

Job Title _____

Duties/Responsibilities _____

Reason for leaving _____

Previous employer _____

Type of business _____

Address _____

Starting date _____ Leaving Date _____

Job Title _____

Duties/Responsibilities _____

Reason for leaving _____



NELSON REGION HOSPICE TRUST

Previous employment – continued....

Previous employer _____
Type of business _____
Address _____
Starting date _____ Leaving Date _____
Job Title _____
Duties/Responsibilities _____
Reason for leaving _____

Present/Previous employer _____
Type of business _____
Address _____
Starting date _____ Leaving Date _____
Job Title _____
Duties/Responsibilities _____
Reason for leaving _____



NELSON REGION HOSPICE TRUST

8. Have you got any Community / Volunteer Experience?

Name of Organisation _____
Type of business _____
Address _____ _____
Start date _____ Leaving Date _____
Position / Title _____
Duties/Responsibilities _____

9. General Information (optional)

If you wish, please list any public duties (JP, local councilor etc...) undertaken: _____ _____

If you wish to do so please note membership of professional organisation: _____ _____



NELSON REGION HOSPICE TRUST

10. Referees

Please give the names of two referees (not members of your family) who we may contact on your behalf:

1. Name: _____

Address: _____

Occupation: _____

Phone Number: Work _____ Cellphone _____ Home _____

Length of time know: _____

Relationship to Referee _____

2 Name: _____

Address: _____

Occupation: _____

Phone Number: Work _____ Cellphone _____ Home _____

Length of time know: _____

Relationship to Referee _____

I consent to the Trust seeking verbal or written information about me from representatives of my previous employers and/or referees.

(Signed) Date: _____