

**Te Whatu Ora vaccination policy**

*As one of Aotearoa's largest employers of the health and disability workforce and a leader across the sector, Te Whatu Ora has and continues to have an obligation to ensure both the safety and wellbeing of its staff and patients. Te Whatu Ora has an expectation that all new staff will be up to date with their vaccinations before they join Te Whatu Ora.*

**Te Whatu Ora – Whanganui Application Form**

**General**

All applications must include a completed application for employment form and current CV. A cover letter tailored to the position you are applying for is recommended.

**Your CV:** must include your contact details and information about you: Work experience (paid and voluntary); Qualifications from formal education; Skills and abilities you have developed.

**Your CV/covering letter should:** Provide examples demonstrating how you possess the competencies/skills and experiences that are outlined in the position description and describes why you are the right person for the job.

Your application and all relevant documents must be received no later than the closing date as stated in the advertisement for the position. Any applications received after the closing date will only be accepted at the sole discretion of Te Whatu Ora - Whanganui.

The information you provide will assist us with the selection process. If you are the preferred candidate, in addition to reference checking and qualification verification, further background checks may be undertaken if required, for the role you have applied for. These may include criminal history; credit check; fraud check; bankruptcy check; police vetting; occupational registration verification; licence verification and occupational membership verification.

We seek, as part of this employment and declaration form, your written consent in advance to undertake such checks if you are the preferred candidate.

**Privacy statement**

The information requested in this application form is collected and stored in accordance with the Privacy Act 2020. Te Whatu Ora - Whanganui shall only use the personal information for the purpose of assessing your suitability related to the application for the employment at Te Whatu Ora - Whanganui. If the application is successful, this information will form part of Te Whatu Ora - Whanganui staff records. You are entitled to access, and request amendment of, this information upon request.

**Provision of false or misleading information**

Failure to complete all sections of this application truthfully will render the application invalid and, should you have been successful in your application, may be grounds for dismissal.

**Pro-Equity Commitment**

Te Whatu Ora - Whanganui is committed to increase the diversity of our workforce, and actively focus on employing and building a sustainable Māori workforce which supports our pro-equity commitment.

**COVID Vaccination requirements**

Following the update to COVID-19 Public Health Response (Vaccinations) Order 2021, to be employed with Te Whatu Ora – Whanganui you will be required to be fully vaccinated as a health care worker.

**Please note that email is Te Whatu Ora – Whanganui’s preferred way of communication.**

|                                    |  |
|------------------------------------|--|
| Position applied for:              |  |
| Vacancy number:                    |  |
| How did you learn of this vacancy? |  |

|  |         |  |             |  |
|--|---------|--|-------------|--|
| <b>Personal details</b>                    | Surname |  | First Names |  |
| Maiden or other names previously known by: |         |  |             |  |
| Postal address                             |         |  |             |  |

|  |  |              |  |
|--|--|--------------|--|
| Mobile number  |  | Phone (home) |  |
| Email  |  |              |  |
| Are you currently an employee of Te Whatu Ora?<br>If YES, what region/district _____ |  |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, please provide current job title and department details                      |  |              |  |
| If NO, have you ever been an employee of Te Whatu Ora?<br>What region/district _____ |  |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| If appointed to this position, will you also be employed by another employer either as your primary or secondary employer?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any commitments, or are you involved in any activities, that may affect your job-related performance, experience and expertise (including other paid or unpaid work that you intend to continue performing)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a current or previous Kia Ora Hauora graduate?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Te Whatu Ora – Whanganui is committed to increase the diversity of our workforce, and actively focus on employing and building a sustainable Māori workforce which supports our pro-equity commitment. Applicants are therefore requested to indicate if they are Māori.<br><br>Are you of Māori descent? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a spouse, partner, relative or household member working as an employee, contractor or consultant at Te Whatu Ora - Whanganui?<br><br>Your response to this question may be necessary to prevent potential conflict(s) of interest.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you consent to the disclosure to Te Whatu Ora – Whanganui of whether you have been subject to a serious misconduct investigation, concluded and upheld or currently under investigation, from all previous Public Service and statutory Crown entity employers for the last three years?               | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| <b>Resident status</b>  |  |
| Please note if you are not legally entitled to work in New Zealand, your application may be declined due to NZ Immigration regulations. |  |
| Are you legally entitled to work in New Zealand?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Which of the following do you hold: <b>Please provide a copy of your Visa with your application</b>                                     |  |
| New Zealand residency   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Work visa/permit  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Visitors visa   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| No of visa/work permit  |  |

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| <b>Drivers licence</b>   |  |
| Where your position may require you to drive a motor vehicle, WDHB requires the following information: |  |
| Current drivers' licence   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Class of licence   |  |

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| <b>Professional details</b>  |  |
| Are you currently registered with a New Zealand professional body? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| If yes, please name the professional body  |  |
| Annual Practising Certificate number:  |  |
| Expiry date of Annual Practising Certificate:  |  |
| <b>Please attach a copy of your practising certificate</b>   |  |
| Have you been subject to a professional disciplinary inquiry or have knowledge of an event that might give rise to one? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| If yes, please provide details:  |  |

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| <b>Health and safety requirements</b>  |  |
| Te Whatu Ora - Whanganui is committed to protecting, as far as reasonably practicable, the good health of all our employees and to ensure safe working conditions under the Health and Safety at Work Act 2015. In asking these questions it is our intention to provide a safe working environment for our employees. Declaration of a medical condition does not exclude employment opportunities within Te Whatu Ora – Whanganui. |  |
| Do you have any medical condition, injury, illness, health issue or disability (permanent or otherwise) that may impact on your ability to carry out the type of work you are applying for in an effective and safe manner and/or be aggravated by the type of work?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you are currently suffering, or have previously suffered injury or illness or you have a disability, are there any special services, facilities or equipment that we could provide to enable you to carry out the work duties safely?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| <b>COVID Vaccination requirements</b>  |  |
| Following the update to COVID-19 Public Health Response (Vaccinations) Order 2021, to be employed with Te Whatu Ora – Whanganui you will be required to be fully vaccinated as a health care worker. |  |
| Have you had COVID 19 Vaccination dose 1?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you had COVID 19 Vaccination dose 2?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you up to date with Boosters?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| <b>Previous convictions</b>   |  |
| Do you have any criminal convictions or charges pending?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Minor traffic offences do not need to be disclosed.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide details  |  |
| <b>Please note that all Te Whatu Ora employees are subjected to full police vetting every three years for the term of their employment with Te Whatu Ora - Whanganui.</b> |  |
| Have you ever been declared bankrupt or insolvent?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you provide consent to undergo a drug and alcohol test if considered relevant to the role?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| <b>Referees</b>   |  |                  |  |
| Please provide three referees who can attest to your suitability for the position (if not already provided in your CV). The referees should be work related and one should be your current or most recent employer: |  |                  |  |
| <b>Referee one name</b>   |  | Position / title |  |
| Organisation  |  | Email            |  |
| Telephone   |  |                  |  |
| <b>Referee two name</b>   |  | Position / title |  |
| Organisation  |  | Telephone        |  |
| Email   |  |                  |  |
| <b>Referee three name</b>   |  | Position / title |  |
| Organisation  |  | Telephone        |  |
| Email   |  |                  |  |

## Declaration

I confirm that the information provided in this application form and supporting documents is to the best of my knowledge, true, accurate and complete. I acknowledge that I have provided all relevant information and have not wilfully suppressed any material fact or withheld any significant information.

I accept that if any of the information provided by me is in any way false or incorrect, this is likely to jeopardise my relationship with the WDHB and/or any possible future or current employment and that my application may be rejected, any offer of employment may be withdrawn or my employment with Te Whatu Ora - Whanganui may be terminated summarily or I may be dismissed from Te Whatu Ora - Whanganui without assigning any reason whatsoever.

I agree to such pre-employment checks as deemed necessary being undertaken by Te Whatu Ora - Whanganui for the role I have applied for.

I consent to Te Whatu Ora - Whanganui collecting such personal information about me from the named referees, and my personnel file (if current or previous employee) for the purpose of assessing my suitability for appointment to the position applied for.

I consent to Te Whatu Ora - Whanganui undertaking background checks, including reference, employment history, education, qualification, immigration, and criminal record and credit checks pursuant to my application for a specified role, as applicable. I recognise that all enquiries will be conducted on a confidential basis and I may not be entitled to access the results.

I understand that this form, together with written material I have supplied, and evaluative material including any interview notes, will be held confidentially and used only for the purposes of this application for employment.

I understand that all information provided by me will be held on a confidential basis, subject to disclosures being made to third parties with my consent. However, I give permission for my information to be used for non-identifying statistical purposes.

I recognise that all confidential evaluative material will not be accessible to me, under section 29(3) of the Privacy Act. However, I realise that I am entitled to seek verbal feedback on results of psychometrics.

I agree to notify Te Whatu Ora - Whanganui of any future change to the information supplied during the course of this application process and/or for my records should I be successful in obtaining employment with Te Whatu Ora - Whanganui.

Should Te Whatu Ora - Whanganui employ me, I undertake to inform my manager of any criminal convictions during my employment.

I understand that should I be appointed to the role and if not currently employed by Te Whatu Ora - Whanganui, I must provide certified proof of identity (such as a birth certificate or passport) and evidence of New Zealand or Australian citizenship, residence or a valid work permit prior to commencing employment.

I understand that should I be appointed to the role I must provide original or certified documentation supporting my educational qualifications. For overseas qualifications, if I have not had my qualification(s) evaluated by the New Zealand Qualifications Authority, I may be required to do so before any offer of employment can be confirmed.

I understand that I have the right to request access to all personal information held by Te Whatu Ora - Whanganui about me and to request correction for that information.

I give Te Whatu Ora - Whanganui permission to store the information included in this form and obtained during the recruitment process (including interview and referee checks).

I agree that I will take responsibility for ensuring my own safety and that of other Te Whatu Ora - Whanganui employees, including complying with all of the Te Whatu Ora health and safety requirements, policies, procedures, training, guidelines and instructions given to me, as well as any requirements of health and safety legislation or regulations; and that I will immediately report all injuries, accidents, near misses and/or risks and potential risks to my health and safety and that of Te Whatu Ora - Whanganui employees whether or not the injury, accident or near miss took place on our premises. For the avoidance of doubt, personal illness is a potential risk to health and safety.

In line with the Unsolicited Electronic Messages Act 2007, I consent to Te Whatu Ora - Whanganui communicating with me via electronic messages, both as part of the recruitment process, and as a means of general communication and updates as deemed appropriate by Te Whatu Ora - Whanganui.

Yes  No

|                        |  |      |  |
|------------------------|--|------|--|
| Signature of Applicant |  | Date |  |
|------------------------|--|------|--|