



WDHB Application for Employment 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 your: 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 Whanganui District Health Board.

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. The WDHB shall only use the personal information for the purpose of assessing your suitability related to the application for the employment at the Whanganui District Board. If the application is successful, this information will form part of the WDHB 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.

Whanganui DHB 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.

Please note that email is the WDHB's preferred way of communication.

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

Personal details	Surname		First Names	
Maiden or other names previously known by:				
Postal address				
Mobile number		Phone (home)		
Email				
Are you currently an employee of Whanganui District Health Board?				<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 Whanganui District Health Board?				<input type="checkbox"/> Yes <input type="checkbox"/> No

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
Whanganui DHB 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.	
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 WDHB?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your response to this question may be necessary to prevent potential conflict(s) of interest.	
Do you consent to the disclosure of the WDHB 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

Resident status	
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:	
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	

Drivers licence			
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	

Professional details	
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:	
Please attach a copy of your practising certificate	
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:	

Health and safety requirements	
The WDHB 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 Whanganui District Health Board. You may be asked to complete a health questionnaire if you are selected for an interview.	
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

Previous convictions	
Do you have any criminal convictions or charges pending? Minor traffic offences do not need to be disclosed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details	
Please note that all WDHB employees are subjected to full police vetting every three years for the term of their employment with Whanganui District Health Board.	
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

Referees			
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:			
Referee one name		Position / title	
Organisation		Email	
Telephone			
Referee two name		Position / title	
Organisation		Telephone	
Email			
Referee three name		Position / title	
Organisation		Telephone	
Email			

<p>Declaration</p> <p>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.</p> <p>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 the WDHB may be terminated summarily or I may be dismissed from the WDHB without assigning any reason whatsoever.</p> <p>I agree to such pre-employment checks as deemed necessary being undertaken by the WDHB for the role I have applied for.</p> <p>I consent to Whanganui District Health Board 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.</p> <p>I consent to the WDHB 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>I agree to notify the WDHB 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 the WDHB.</p> <p>Should the WDHB employ me, I undertake to inform my manager of any criminal convictions during my employment.</p> <p>I understand that should I be appointed to the role and if not currently employed by the WDHB, 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.</p> <p>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.</p> <p>I understand that I have the right to request access to all personal information held by the WDHB about me and to request correction for that information.</p>
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If an applicant is unsuccessful in their application for a position, the information obtained during the recruitment process will be destroyed after 12 months. I give the WDHB 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 WDHB employees, including complying with all of the WDHB 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 WDHB 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 the WDHB 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 the WDHB.

Yes **No**

Signature of Applicant		Date	
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