



Tena Koe

Thank you for showing an interest in working at the Bay of Plenty District Health Board and taking the time to complete this application form. All information that you provide will be treated confidentially.

Please note a separate Application Form and Curriculum Vitae (CV) must be submitted for each vacancy that you wish to apply for.

We would advise that you do not send any original documentation, as these will not be returned.

You can email your application form and CV to: job.vacancies@bopdhb.govt.nz. A full list of our current vacancies can be viewed at the Bay of Plenty District Health Board website www.bopdhb.govt.nz.

Please assist us in improving our Recruitment process by telling us where you saw this position advertised:

- | | | | |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> www.bopdhb.govt.nz | <input type="checkbox"/> Seek | <input type="checkbox"/> BOP Times | <input type="checkbox"/> Rotorua Daily Post |
| <input type="checkbox"/> Zest4Life | <input type="checkbox"/> NZ Allied / Nurse | <input type="checkbox"/> Agency _____ | |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Whakatane Beacon | <input type="checkbox"/> Other _____ | |

Vacancy Details:

Position Applying for: _____

Vacancy Code: _____ - _____

Personal Contact Details:

Your Full Name: _____

Your Address: _____

City: _____ Post Code: _____

Home Number: () _____

Work Number: () _____

Mobile: () _____

Email Address: _____

Application Tracking *(for office use only)*

Acknowledged: (date) _____ (by) _____

Interviewed: Yes Successful Unsuccessful

No

Applicant Advised: (date) _____ (by) _____

BOPDHB Employment History

Are you a current Employee at the BOPDHB?

Yes

No

Have you previously worked for the BOPDHB?

Yes

No

Health

This question is to ensure that the environment you may be working in does not aggravate any health problems you may have.

Have you had any injury or medical condition caused by gradual process, disease, infection or other means – for example, hearing loss, sensitivity to chemicals, repetitive strain injuries – which the tasks of this job may aggravate

Yes

No

If you answered “yes” please give details _____

NB: We may require further information regarding the above.

Authority to Practice – Health Professionals

Please complete this section if it is a requirement for the position

Do you have New Zealand Registration?

Yes

No

If YES, what your registration number? _____

If NO, have you applied?

Yes

No

Do you have a current NZ Annual Practicing Certificate?

Yes

No

If YES, what is your APC number? _____

NB: Please attach a copy of the appropriate Certificate/Registration.

Convictions

Do you have any convictions with the exception of those subject to the Criminal Records (Clean Slate) Act 2004?

Yes

No

Do you have any criminal charges pending or under investigation?

Yes

No

Are you or have you been the subject of a professional disciplinary inquiry, complaint, sanction, charge or disciplinary action?

Yes

No

Is there any other matter you believe may affect the BOPDHB’s decision to employ you?

Yes

No

If you have answered ‘Yes’ to any of the above questions, please give details:

NB: If you answer yes and we require further information, you may be asked to consent to a police check.

Residence Status

Are you a NZ Citizen or Permanent Resident?

Yes

No

If you answered NO, do you have a current Work Permit?

Yes

No

If YES, what are the conditions of your Work Permit?
(e.g. expiry date/restriction on hours of work).

If NO, when do you envisage obtaining a Work Permit? _____

Please advise if there is any other information you feel that is necessary.

NB: If you do not hold NZ Citizenship or Permanent Residency you will be required to provide original documentation as evidence of your New Zealand immigration status prior to commencing your employment at the BOPDHB.

We would like to know more about you. Tell us in 50 words or less, why you would like to work for the Bay of Plenty District Health Board?

Declaration

I authorise BOPDHB to obtain references to support this application and release BOPDHB and referees from any liability caused by giving and receiving this information. I certify that all the information in this application is true and complete. Any false statement may be sufficient cause for rejection or termination of employment if the application is successful.

I understand that if my application is successful, I may be required to give more information about myself and I also understand that any offer of employment may be subject to a satisfactory medical clearance and pre-employment screening.

Signature and Date: _____

Once again thank you for taking the time to complete this form. Please ensure you have attached a copy of your current CV and covering letter to this application form.

How to apply:

1. **Email:** job.vacancies@bopdhb.govt.nz

2. **Post: For Tauranga Positions send to:**

The Recruitment Centre
Human Resources
BOPDHB
Private Bag 12024
Tauranga Mail Centre
Tauranga 3143

For Whakatane Positions send to:

The Recruitment Centre
Human Resources
BOPDHB
PO Box 241
Whakatane 3158

3. **By Hand:** The Recruitment Centre, Human Resources, 2nd Floor Pohutukawa House, Tauranga Hospital