

Application Form

| Position Applying For _ | | | | | | |
|--|--|-----------|---------|------|---|---|
| | | | | | | |
| Personal Details | | | | | | |
| Surname: | | | | | | _ |
| First Names: | | | | | | |
| Residential Address: | | | | | | |
| | | | | | | |
| Postal Address: | | | | | | |
| (If different from above) | | | | | | |
| | | | | | | |
| Phone Numbers: | Day Ev | | | | | |
| | | | | | | |
| Are you legally entitled to | work in New Zealand with either citize | enship or | resider | ncv? | | |
| - , , | | Yes | | No | | |
| If not, do you have a curr | ent work permit Yes | | | | | |
| - | | | | | | |
| | ment to work in New Zealand will be re | | | | | |
| | | , | | | | |
| Drivers Licence | | | | | | |
| Do you have a current cle | ean drivers licence? | Yes | | No | | |
| | | 103 | | NO | _ | |
| If yes please list classes | of licence you hold: | | | | | |
| Has your licence ever been cancelled by the court? | | Yes | | No | | |
| | | | | | | |
| Are you awaiting hearing | of any charges for driving offences? | | _ | | _ | |

Conviction

| Conviction | | | | |
|--|--|---------------------|--|--------------|
| Have you ever been convicted of a criminal offence? | Yes | | No | |
| If yes, please give details: | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | |
| Are you awaiting the hearing of any charges? | Yes | | No | |
| (Comcare will require the successful candidate to agree to Poli history check and other relevant information) | ce Vetting | y which | provide | es a crimina |
| Health | | | | |
| Have you in the past or do you currently suffer from any he affect your ability to effectively carry out the tasks and responsion | | | | |
| | | | No | |
| | Yes | | INU | |
| | | | | ease or infe |
| Have you had an injury or medical condition(s) caused by gra | dual proc | ess inju | ury, dise | |
| Have you had an injury or medical condition(s) caused by gra that may be aggravated or further contributed to by the tasks o | dual proc f the posit Yes | ess inju ion you | ury, dise u have a | |
| Have you had an injury or medical condition(s) caused by gra that may be aggravated or further contributed to by the tasks o | dual proc f the posit Yes | ess inju ion you | ury, dise u have a | |
| Have you had an injury or medical condition(s) caused by gra that may be aggravated or further contributed to by the tasks o | dual proc f the posit Yes | ess inju ion you | ury, dise u have a | |
| that may be aggravated or further contributed to by the tasks or If yes, please provide details: | dual proc f the posit Yes | ess inju ion you | ury, dise u have a | |
| Have you had an injury or medical condition(s) caused by gra that may be aggravated or further contributed to by the tasks o If yes, please provide details: | dual proc f the posit Yes | ess inju ion you | ury, dise i have a No | applied for? |
| Have you had an injury or medical condition(s) caused by gra that may be aggravated or further contributed to by the tasks o If yes, please provide details: | dual proc f the posit Yes | ess inju ion you | ury, dise i have a No | applied for? |
| Have you had an injury or medical condition(s) caused by gra that may be aggravated or further contributed to by the tasks or | dual proc f the posit Yes d or dism | ess inju ion you | ury, dise i have a No rom any No | applied for? |

I confirm that, to the best of my knowledge, the information supplied on this form and any attached documents are accurate.

____ Signature:

Date: