

Me aro koe ki te ha o Hineahuone
"Pay heed to the dignity of women"

**Mō tātou a mō ngā uri a muri ake nei** "For us and for those who will come after us"

## **Position Application Form**

Thank you for your interest in the **Tamaiti Healthy Homes Kaiarotake** Position. Please return the completed **application form**, with your **CV and covering letter** and **the police vetting check form** to <a href="mailto:recruitment@omwwl.maori.nz">recruitment@omwwl.maori.nz</a> **by noon 20 October 2023.** 

The information you provide on this application form is collected for the purpose of assessing your suitability for employment with Te Puawaitanga ki Ōtautahi Trust. If your application is successful, this form will be retained on your personnel file. If unsuccessful it, along with your other application papers, will be destroyed.

Position applying for:	Kaiarotake - Tamaiti Healthy Homes			
Name:				
Residential Address:				
Phone Number:				
Email Address:				
Eligibility for Employment in New Zealand  Do you have the legal right to work in New Zealand?  Yes  No				
<u>Drivers Licence</u> Please state the type of drivers licence you have and whether you have any restrictions on your licence				
illness or surgery that may	ing any medical treatment, taking any medication, or recovering from any recent affect your ability to effectively carry out the functions and responsibilities of the stress related conditions (e.g., depression, work-related stress?) If yes, please			
Yes r	No			
syndrome, repetitive strain	ysical impairment such as gradual process injury (e.g., occupational overuse injury, noise-induced hearing loss or other occupational disease or back injury) iskely to affect your ability to effectively carry out the functions and responsibilities? If yes, please explain.			
Yes N	No			

•	quire any assistance or special es of the position? If yes, pleas	·	carry out the functions and
Yes	No		
	hing into account, is your healelf or your colleagues at risk? I	-	le you to function effectively without in.
Yes	No		
Do you smoke	e or vape?	Yes	No
			ication, if you expect this check to tify convictions might jeopardise your
Suitability fo	or Work personal reasons that may pr		المام
	professional reasons that ma		ertaking the tasks of this role? h week
Referees	ludes referees then you do no	nt need to fill in this sect	ion)
	tails of at least two work related		ionj
Name	Telephone nur	mber(s) Occupatio	n/Position held
DECLARATIO	)N		
I understand t	hat if any false or misleading i	are correct and the info	that to the best of my knowledge, the ormation in the attachments are correct any material fact suppressed, I may not and/or termination of my employment.
Signature		Da	te

## **Self Assessment Form**

Name:		Position applied for: Tamaiti Healthy Homes Kaiarotake	
Competencies and Experience	Self Assessment Comments:		
	(Please briefly give specific examples of the experience, qualifications, or performance that you think demonstrates the competency)		
Lived experience of Te Ao Māori and experience in Pacific culture			
Your view on the relevance of Te Tiriti o Waitangi in today's world			
What does whānau ora mean to you?			
Speak to your engagement approach when entering into the whare with client whanau			
Collaboration – why is this considered important?			
Describe how you work in a team environment			
Working in an accountable manner			