

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 Kaiwhakapuawai / Vaccination & Primary Community Healthcare role. Please return this application form, the police check form with your CV and covering letter to recruitment@tepuawaitanga.maori.nz by noon Wednesday 10th January 2024.

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: | Kaiwhakapuawai / Vacci | nation & Prima | ary Community He | althcare |
|---|--|------------------|----------------------|----------|
| Full Name: | | | | |
| Any other name known | n by: | | | |
| Residential Address: | | | | |
| Mobile Number: | | | | |
| Email Address: | | | | |
| Eligibility for Employr Do you have the legal rip Drivers Licence Do you have a current, f | ght to work in New Zealand? | Yes Yes | No No | |
| illness or surgery that m | going any medical treatment, taking affect your ability to effectively any stress related conditions (e.g. c | carry out the fu | nctions and responsi | • |
| Yes | No | | | |
| | | | | |



Me aro koe ki te ha o Hineahuone

If yes, please explain.

"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"

Do you suffer from any physical impairment such as gradual process injury (e.g. occupational overuse syndrome, repetitive strain injury, noise-induced hearing loss or other occupational disease or back injury) to such a degree that it is likely to affect your ability to effectively carry out the functions and responsibilities of the position applied for?

| Yes | No |
|---|---|
| | |
| | |
| Would you require any as the position? If yes, pleas | ssistance or special facilities to effectively carry out the functions and responsibilities of se explain. |
| Yes | No |
| | count, is your health good enough to enable you to function effectively without putting es at risk? If NO, then please explain. |
| Yes | No |
| Do you smoke or vape? | Yes No |
| Safe to work with whā | |
| | eck will be undertaken as part of your application, if you expect this check to identify use list these below. Failure to identify convictions might jeopardise your application. |
| Suitability for Work | |
| Are there any personal re | easons that may prevent you from undertaking the tasks of this role? |
| Are there any profession | al reasons that may prevent you from undertaking the tasks of this role? |
| | |



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"

Referees

(If your CV includes referees then you do not need to fill in this section)

Please give details of referees that you authorise us to contact, preferably two work related referees and one personal referee.

| Name | Telephone number(s) | Occupation/Position held | |
|--------------------|-------------------------------------|---|--|
| | | | |
| | | | |
| | | | |
| l, | (full r | name) declare that to the best of my knowledge, the | |
| understand that if | any false or misleading information | ct and the information in the attachments are correct. In is given, or any material fact suppressed, I may not be ary action and/or termination of my employment. | |
| Signature | | Date | |

Self-Assessment Form

| Name: | | Position applied for: Kaiwhakapuawai / Vaccination & Primary Community Healthcare | |
|---|---|---|--|
| Competencies and Experience | Self-Assessment Comments: (Please briefly give specific examples of the experience, qualifications, or performance that you think demonstrates the competency) | | |
| Experience working with Māori whānau in a community setting. | | | |
| What is your experience working with Covid-19, seasonal influenza vaccination programmes and National Immunisation Schedule Vaccines? | | | |
| Your view on the relevance of Te Tiriti o Waitangi in today's world | | | |
| Working in an accountable manner | | | |
| IT skills such as working with Patient Management Systems | | | |

| What does Whānau Ora mean to you? | |
|-----------------------------------|--|
| | |