

Me aro koe ki te ha o Hineahuone "Pay heed to the dignity of women" Mô tảtou a mô ngã 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 position**, with the **Tamariki Ora Well Child Team**. Please return the completed **application form**, with your **CV and covering letter** and **the police vetting check form completed** to <u>recruitment@tepuawaitanga.maori.nz</u>.

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, Tamariki Ora Well Child Team |  |
|------------------------|--|--|
| Name:                  |  |  |
|                        |  |  |
| Address:               |  |  |
|                        |  |  |
| Contact Number:        |  |  |
| Email Address:         |  |  |

## **Eligibility for Employment in New Zealand**

| Do you have the legal right to work in New Zealand? | Yes | No |
|---|-----|----|
|---|-----|----|

## **Drivers Licence**

Please state the type of drivers licence you have and whether you have any restrictions on your licence

## <u>Health</u>

Are you currently undergoing any medical treatment, taking any medication, or recovering from any recent illness or surgery that may affect your ability to effectively carry out the functions and responsibilities of the position? This includes any stress related conditions (e.g., depression, work-related stress?) If yes, please explain.

Yes No

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? If yes, please explain.

Yes No

Would you require any assistance or special facilities to effectively carry out the functions and responsibilities of the position? If yes, please explain.

Yes No

Do you smoke or vape?

No

Yes

## Safe to work with whānau and children

A criminal convictions check will be undertaken as part of your application, if you expect this check to identify criminal convictions, please list these below. Failure to identify convictions might jeopardise your application.

## **Suitability for Work**

Are there any personal reasons that may prevent you from undertaking the tasks of this role?

Are there any professional reasons that may prevent you from undertaking the tasks of this role?

## Please indicate your preferred number of working hours each week

## What is your expected salary per annum (year)?

#### Referees

(If your CV includes referees then you do not need to fill in this section). Please give details of at least two work related referees.

| Name | Telephone number(s) | Occupation/Position held |
|------|---------------------|--------------------------|
|      |                     |                          |
|      |                     |                          |

#### DECLARATION

I,\_\_\_\_\_\_(full name) declare that to the best of my knowledge, the answers to the questions in this application are correct and the information in the attachments are correct. I understand that if any false or misleading information is given, or any material fact suppressed, I may not be accepted, or if I am employed, it may lead to disciplinary action and/or termination of my employment.

Signature \_\_\_\_\_

# Self Assessment Form

| Name:   | Position applied for: Kaiwhakapuawai, Tamariki Ora Well Child Team   |
|---|--|
| Competencies and Experience                                       | Self Assessment Comments:<br>(Please briefly give specific examples of the experience, qualifications or performance that you think demonstrates the competency) |
| Experience working with Māori<br>whānau                           |  |
| Your lived experience of Te Ao<br>Māori                           |  |
| Commitment to Te Tiriti 0 Waitangi                                |  |
| IT skills   |  |
| Describe your strengths with communication                        |  |
| How do you contribute positively to your workplace?               |  |
| Working with whānau   |  |
| Why would you like to work at Te<br>Puawaitanga ki Ōtautahi Trust |  |
| What does accountability in your work look like?                  |  |