

SUPPORT WORKER APPLICATION FORM

Thank you for showing an interest in working at the Disabilities Resource Centre Trust and taking the time to complete this application form. All information that you provide will be treated confidentially.

Note:	The completion of this form does not indicate that there is any obligation on the Disabilities Resource Centre Trust to engage the applicant.
--------------	--

Personal Contact Details:	
First Names: _____	Preferred Name: _____
Surname: _____	
Physical _____	Address: _____
_____	Postal Address: _____
_____	_____
City: _____	Post Code: _____
Home Number: () _____	
Mobile: () _____	
Email Address: _____	Date of Birth: _____
Ethnic Group: _____	Iwi: _____
Hapu: _____	
Languages : (including sign language) _____	
Emergency contact person: _____	
Relationship: _____	Phone: _____
Address: _____	

Relevant Qualifications and/or Experience	
Please attach a Current CV, NZQA Transcript and/or relevant training information. This is required before we can confirm a starting rate based on qualifications; until evidence of qualification is received the starting rate will be Level One.	

Client Choice only applicant :	Yes/No
Client's Name: _____	

Health History

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: _____

(Please note: We may require further information regarding the above.)

Have you any ongoing medical requirements?

Yes No

If yes, please explain _____

Do you smoke?

Yes No

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 Disabilities Resource Centre Trust's decision to employ you?

Yes No

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

POLICE CHECK:

All prospective employees of the Disabilities Resource Centre Trust are required to complete a police check.

I give my permission for Disabilities Resource Centre Trust to submit a Police check. These records will be destroyed once a result is recorded.

Signed: _____

Date: _____

Residence Status

Are you a legally entitled to work in New Zealand?

Yes No

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 provide your passport number and attach a photocopy to this application _____

Do you have the right to New Zealand residency?

Yes No

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

(Please note: 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 DRCT.)

Character Reference: (Please give the names, addresses, and telephone numbers of two people of good standing that we may contact for a reference, preferably including a previous employer).

1.

2.

I give my permission for Disabilities Resource Centre Trust to keep this information on their files.

Signed: _____ Date: _____

Declaration

I, _____ (full name) declare that to the best of my knowledge the information in this application form and the information contained in any curriculum vitae provided is correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment may be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation from ACC.

Yes/No

I consent to the Disabilities Resource Centre Trust seeking verbal or written information about me from representatives and/or referees and authorise the information sought to be released by them to the Disabilities Resource Centre Trust for the purposes of ascertaining my suitability for the position for which I am applying. I understand the information received by Disabilities Resource Centre Trust is supplied in confidence as evaluative material and will not be disclosed to me.

Yes/No

Signature: _____ Date: _____

Please note that your personal information and or changes to your details will be shared with the Inland Revenue. This includes your full name, address, date of birth, start/finish dates, kiwisaver status, email, telephone numbers and tax code.

How did you hear about us?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Radio | <input type="checkbox"/> Seek |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Instagram | |
| <input type="checkbox"/> Other: _____ | |

Units 2-4
52 Girven Road
MOUNT MAUNGANUI 3116

141 – 143 King Street
PO Box 528
WHAKATANE 3158

Email: recruitment@drct.co.nz

0800 227 363