



APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION

St George's Hospital is committed to the principles and practices of equal employment opportunity to ensure recruitment is fair and the most suitable person is appointed to the role.

The information collected on this form is for the purpose of assessing the applicant's suitability for employment at St George's Hospital.

If your application for employment is successful, the information collected will become part of your HR record and will be retained in accordance the Health Information Privacy Code 1994 and the Privacy Act 1993

If your application is unsuccessful this information will be destroyed unless you request us to retain it. Retained information will be kept for a period of 12 months after which it will be destroyed.

The completion of this form does not indicate any obligation by St George's Hospital to engage the applicant

PLEASE PRINT

POSITION APPLIED FOR:

DATE:

A Personal Details

Mr Mrs Miss Ms Other _____

Surname

Given Names (underline name used)

Known by any other name(s)

(provide details)

Home Address

Home Telephone number

Work Telephone number

May we contact you at work? Yes / No

Mobile

home / work

May we contact you at work? Yes / No

E-mail

home / work

May we contact you at work? Yes / No



B Work Eligibility Status

Are you a citizen of New Zealand? Yes / No
 If no, are you a permanent resident? Yes / No
 If no, do you have a work permit? Yes / No
 (Note: Should you receive an offer of employment you will be required to produce evidence of your eligibility to work in New Zealand)

C Education and Training

If you have submitted a CV containing the information requested in this section please move on to Section D

Name of secondary school(s) attended	From	To
_____	_____	_____
_____	_____	_____

Qualifications (School Certificate, University Entrance, NZQA) – subjects

Other Qualifications – subjects	Yes / No

Languages – Which languages do you speak, other than English?

Apprenticeship – (if applicable)	
Do you have your apprenticeship papers?	Yes / No
In what trade were you apprenticed?	

What was the name and address of the employer?	
Name	Address
What trade qualifications do you hold? (i.e. Trade Certificate, Advanced Trade Certificate, etc)	

Nursing / Midwifery Qualifications Anaesthetic Technicians (if applicable)	
Training Institution	_____
Year of Registration	_____
Practising Certificate Number	_____
Expiry Date	_____



Tertiary Qualifications – (if applicable)

Do you have any other qualifications / certificates / licenses? Yes / No

Special Courses / Training Undertaken – (if applicable)		Please attach additional page if required		
From	To	Course Title	Establishment	Brief Details

D Employment History

If you have submitted a CV containing this information please move on to Section E

Present or Most Recent Employer
From _____ To _____

Organisation _____

Address _____

Position _____

Main Duties _____

No of hours worked per week _____

Reason for leaving _____

Next Most Recent Employer
From _____ To _____

Organisation _____

Address _____

Position _____

Main Duties _____

No of hours worked per week _____

Reason for leaving _____



Next Most Recent Employer	Organisation _____
From _____ To _____	Address _____ _____
	Position _____
	Main Duties _____ _____ _____
	No of hours worked per week _____
	Reason for leaving _____ _____

Give details of any other job, which may be relevant.	
Do you have any secondary employment? If yes, please detail:	Yes / No

E Fitness to Undertake Work

The Health and Safety at Work Act 2015 requires employers to ensure the safety of workers at work. The purpose of gathering the following information is to enable St George's Hospital to determine whether you have any medical condition, injury or impairment which may affect your ability to perform the required work. It will also identify areas where there could be a health and safety risk to yourself or others relating to such medical condition, previous injury or impairment.

Have you ever consulted a health professional for Occupational Overuse Syndrome – OOS (RSI)?	Yes / No
Has keyboard use ever caused you discomfort / pain?	Yes / No
Have you ever consulted a health professional for back strain or had back strain issues? If yes, please specify details:	Yes / No
Have you ever had or do you currently have any other medical conditions, injury, impairment (including, for example, hearing impairment or eyesight difficulties, mental health issues or psychological illness) or any other factor which could affect your ability to undertake, or be aggravated by, your potential role, or your employment in general, or that might affect you from attending work regularly? If yes, please specify details:	Yes / No

Notes: 1 A prior OOS (RSI) or back condition may not prevent you working for St George's Hospital, although injury documentation may be requested.

Authorised by: HR Manager
Procedure owner: HR Manager

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2 Any false information given in relation to your medical history may result in loss of entitlement for any compensation from ACC.

Have you now, or at any time in the past, had any problems with or addictions to alcohol or drugs? If yes, please specify details:	Yes / No
Have you ever had or been exposed to TB, MRSA or Hepatitis B? If yes, please specify details:	Yes / No
Are you allergic to, or have any sensitivity to any substances or chemicals? If yes, please specify details:	Yes / No
Do you require corrective lenses or contact lenses?	Yes / No
Are you colour blind?	Yes / No
Do you have a hearing disability?	Yes / No
Do you have any medical conditions that may require emergency treatment e.g. epilepsy, asthma, diabetes? If yes please provide details.	Yes / No
Have you ever claimed Accident Compensation or its equivalent under an exempt or partner employer scheme? If yes, please specify all details:	Yes / No
In your past employment have you been exposed to: <ul style="list-style-type: none"> • Noise • Asbestos • Heavy metals • Solvents • Skin irritants • Infectious material • Hazardous conditions • Other potential hazards If yes to any of the above, please detail:	Yes / No
If there is anything else St George's should know but you would prefer not to state here, please discuss with the recruiting Manager.	
Do you agree to undergo a medical examination if required?	Yes/No

F Pre-Employment Health Screening Questionnaire - Clinical Roles Only

To be completed by all applicants who have direct patient contact or work with hazardous waste e.g. linen, infectious materials etc.



<p>Hepatitis B</p> <p>Do you have Hepatitis B immunity? If yes, please enclose laboratory result.</p>	Yes / No
<p>MRSA (Methicillin - Resistant Staphylococcus Aureus)</p> <p>Have you been found to be previously infected or colonised with MRSA?</p> <p>(a) Have you worked or been a patient in a healthcare facility in New Zealand in the last 6 months?</p> <p>(b) Have you worked or been a patient in a healthcare facility overseas in the last 6 months?</p> <p>Tuberculosis</p> <p>Do you have evidence of a recent mantoux test for TB within the last 12 months? If yes, please enclose laboratory result.</p> <p>(a) Have you had Mantoux (injection under skin on forearm)? If yes, please advise date: _____ If no, prior to commencing employment, you will be required to undertake the mantoux test.</p> <p>(b) Have you had a BCG (TB Immunisation) If yes, please advise date: _____</p> <p>Have you, close family or anyone in your household ever been treated for tuberculosis? If yes, where? _____</p> <p>Have you lived overseas in the past 12 months? If yes, please state: _____</p>	Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No



Transmissible Disease

Are you suffering from or been in close contact with any diseases that may pose a risk of infection to others? E.g. MRSA, TB, Hepatitis A, B or C, HIV/AIDS, CJD.

If yes, give details including type and dates

Confidentiality and sensitivity is maintained at all times.

NOTE: The Pre-employment Health questionnaire must be fully completed with results of tests and relevant reports received before a job offer can be made as appropriate. .

Once employed, if your health status significantly changes and affects your ability to perform your duties, it is your responsibility to inform your manager as soon as possible.

G Other

The following questions relates to your credibility and suitability for employment in a health organisation.

Have you ever been convicted of a criminal offence, participated in the diversion scheme, or have any criminal actions pending which could result in a criminal conviction in New Zealand or overseas and/or are you aware of any pending matter which may affect the status of your current licence to practise (where that license relates to the employment you seek)? If yes, please specify details:	Yes / No
Do you consent to St George's Hospital undertaking a criminal record check?	Yes / No

Has your professional body taken any disciplinary action against you in the past or is there any action pending by your professional body, which may affect your ability to carry out the duties required for the position you are applying? If yes, please specify details:	Yes / No
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Additional Information

Do you hold a current driver's licence? If yes, class covered	Yes / No
Are you prepared to work shifts if required to do so?	Yes / No
Have you worked shifts before?	Yes / No



Are you prepared to work overtime if required?	Yes / No
Are you prepared to handle all products, materials or equipment used in the health industry?	Yes / No
When would you be available to commence employment?	
Are you are member of NZNO?	Yes/No
Please indicate your expected salary/wage range	

H Referees

Please list at least two referees whom we can contact concerning previous employment. **Please include your Line Manager or recent Senior Manager as a referee. St George's will not contact your present employer without your consent**

Name	Occupation	Organisation	Address	Telephone

I Statement of Agreement

I have no objections to St George's Hospital verifying the statements I have made on this application form.

I authorise St George's Hospital to contact the above referees for further information. I understand and accept that any references that are obtained by St George's Hospital will be confidential and will be used by St George's Hospital to evaluate my suitability for employment with St George's Hospital and I will not be entitled to have access to any references obtained.

I agree that if I am chosen as the preferred candidate for a position, and I have answered "yes" to any of the Health Section questions, I may be required to have a medical assessment by a medical assessor chosen by St George's Hospital, at St George's Hospital cost. In the event I am required to undergo a medical assessment I consent to St George's Hospital receiving the relevant medical information from the assessor. I also agree that St George's Hospital may seek additional relevant information from any other treatment providers I have seen, and those providers may disclose that information to St George's Hospital.

I certify that to the best of my knowledge the answers given and any documents in respect of this application are true and correct. I understand that any position I may be offered will be based on the answers and the details I have provided and if any false information has been given or material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed.

Signature

Date

 / /

Do you consent to St George's Hospital retaining the information contained in this application form, if you are unsuccessful, for the purposes of considering your suitability for any other position that may arise with this organisation in the future? If yes, the information will be retained for a period of 12 months for this purpose.

Yes No