

Florence Nightingale Group



Application for Employment with Florence Nightingale Agency and Annies Nannies

The purpose of this application form is to collect information to assist the Organisation make a decision as to your suitability for the position applied for. The information will be held with the appointing Manager and will be accessible only to members of the shortlisting and selection panels. If this application is unsuccessful, it will be held for a period of six months pending any reviews concerning an appointment decision and then destroyed.

Personal Information

Name:
Address:.....
Date of Birth..... Nationality.....
Land line number..... Cellphone number.....
Email address:.....
Do you hold a current NZ driver licence: **Yes / No** License: **Learners / Restricted / Full**
Do you own your own vehicle: **Yes / No** Can you drive: **Manual / Auto**
Do you have any driving convictions (including speeding fines? **Yes / No**. If yes, please state:
.....

Previous Experience (please tick boxes that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Home Help | <input type="checkbox"/> Personal Care | <input type="checkbox"/> Disability Services |
| <input type="checkbox"/> Serious Injury | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Children with special Needs | <input type="checkbox"/> Sleepovers/Wakeover |

Details of previous experience related to the above position/s:
.....
.....
.....
.....

Qualifications

Do you hold a current first aid certificate? **Yes / No** Date of expiry:
What qualifications do you have that are relevant for any of the above positions? (copies of certificates must be available)
.....
.....
.....
.....

Preferred Employment Position/s

- | | | |
|---|--|--|
| <input type="checkbox"/> Home Help | <input type="checkbox"/> Personal Care | <input type="checkbox"/> Palliative care |
| <input type="checkbox"/> Serious Injury | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Children with special Needs | <input type="checkbox"/> Sleepovers/Wakeover |

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Availability (shade, tick or indicate the times you are available)

	7am	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm	9pm+
Mon															
Tues															
Wed															
Thu															
Fri															
Sat															
Sun															

When are you available to start?

What are your maximum of hours per week you can/want to work?

Are you available in the School Holidays? **Yes / No**

Employment History

Last Employer: To: From

Position Held:

Reason for leaving:

Second to last Employer: To: From

Position Held:

Reason for leaving:

Referees

Please give details of two referees whose consent has been obtained and who may be contacted for a confidential reference. (Where possible, at least two referees should be able to give work-related information and one of those should have supervised or have been senior to you in your current or most current employment.)

Name:

Email contact:

Phone Contact: Relationship:

Name:

Email contact:

Phone Contact: Relationship:

Health and Safety Information

The following information is required to assist Florence Nightingale Agency and Annies Nannies to meet its obligations under the Health and Safety in Employment Act 1992 and the Accident Insurance Act 1998.

Are you currently or have you previously been on any medication for physical or mental illness? **Yes / No**

Have you made any ACC Claims in the last five years?

Do you have any medical, psychiatric or physical condition that could affect your ability to do this type of work? **Yes / No**

If yes, please explain.....

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Have you ever received counselling or psychiatric treatment? **Yes / No**

If **yes**, please explain.....

Have you had an injury or medical condition caused by gradual process, disease, or infection (for example hearing loss, sensitivity to chemicals, occupational overuse injuries) which the task of this job may aggravate or contribute to? **Yes / No**

If **“yes”** please give details and describe any technical aids or equipment, or adaptations to the workplace we would need to make to ensure your health and safety.

.....
.....

Immunisations, please state:

Do you have any criminal convictions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you awaiting the hearing of charges in any court?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you legally entitled to work in NZ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you smoke?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Additional Information

Next of kin:

Name:

Relationship

Contact details:

Declaration

I declare that I will keep the Florence Nightingale Group informed of any changes in my circumstances.

I declare that I will not disclose any client or family details to any other person/s.

I declare that I do not have any criminal convictions (unless stated).

I authorise the Florence Nightingale Group in accordance with the Privacy Act 1993 to collect and use any information that may be sought concerning this application regarding my work, character and skills.

I understand that all information provided by me will be held on a confidential basis and that my permission will be sought before any identifying personal details are released to a third party.

I consent to the Florence Nightingale Group undertaking reference checks pursuant to my application for a specific employment position, and recognise that all enquires will be conducted on a confidential basis, and that the Florence Nightingale Group has the right to maintain confidentiality of this information.

I understand that I may access personal information about me held by the Florence Nightingale Group and request correction of that information. This access to information excludes reference checks undertaken by the Organisation and all evaluative or opinion material compiled by the Florence Nightingale Group employees for the purpose of assessing my suitability, eligibility and qualifications for employment.

I declare that I have disclosed to the Florence Nightingale Group all information reasonably having a bearing on whether or not the Florence Nightingale Group might employ me. I understand that if I am employed and if I have withheld any such information, my employment might be terminated for that reason alone.

I declare that all information provided by me to the Florence Nightingale Group is true, accurate and complete and is not designed to mislead in any way.

Name:

Signature: Date: