

APPLICATION FOR EMPLOYMENT FORM

Please personally complete this Application for Employment Form. Please attach your cv, along with any with any other relevant documents which you believe would support your application. This information is sought by Endoscopy Auckland/Laparoscopy Auckland for the purpose of this application only, in accordance with the provisions of the Privacy Act 1993 for the purpose of assessing an applicant's suitability for the post.

Position applied for							
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Personal De					1.1		
Title	□ Dr □ N	۸r □ M	rs 🗆 Ms 🗆 Miss	How do	you like	e to be addressed?	
Surname				First na	ame		
Address							
Tel home				Tel wo	rk		
Mobile				Email			
Legal work	status						
		d to wor	rk in New Zealand?)			
Are you teg	atty cherete	u to 1101	TR III New Zeatana.	•			
NZ citizen Holder of current work permit Permanent resident			Permanent resident				
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Please alla	ch evidence	e or enti	ittement				
Education :	and Qualific	ations					
Year	and Qualifications School or training provider				Qualification		
Teal	3011001 0	л станні	ng provider		Quatii	ication	
Skills/Expe	rience/Attr	ibutes					
Please list	the key spe	cific skil	lls/experience/att	ributes tha	at you h	nave that are relevant to this	
position			•		•		

Employment History	
Current and most recent employme	nt
Organisation	
Position Held	
Length of service	
Key position Accountabilities	
Key achievements	
Reason for leaving	
Reason for teaving	
Next most recent experience	
Organisation	
Position Held	
Length of service	
Key position Accountabilities	
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Reason for leaving	
Next most recent experience	
Organisation	
Position Held	
Length of service	
Key position Accountabilities	
Key achievements	
Reason for leaving	
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Summary of other relevant positions	
held	
Current remuneration expectations	

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Endoscopy Auckland/Laparoscopy Auckland may require you to obtain a full medical clearance for specific job-related abilities required for the position you have applied for. We have a responsibility to ensure your fitness to carry out the work in a manner that does not jeopardise your own health and safety, or the health and safety of patients and other staff. (Health and Safety Employment Act 1992 and Accident Rehabilitation and Compensation Insurance Act 1992.)
Do you agree to undergo a pre-employment medical examination if requested and to allow this information to be released to Endoscopy Auckland/Laparoscopy Auckland, where it will be held on a confidential basis, in accordance with the Privacy Act? If you decline to consent to testing or providing further information your application may not be considered further.
Yes No No
Have you, or do you, currently have any injury or medical condition caused by gradual process, disease or infection, for example, hearing loss, sensitivity to chemicals, occupational overuse injuries or exposure to asbestos that may be aggravated by the position you have applied for?
Yes No No
If yes, please provide details:
Have you, in the last 7 years been convicted of any criminal offence resulting in any form of suspended sentence or imprisonment or in any other way involving an act of violence, dishonesty, theft or illegal use of drugs, or are you currently facing charges or being investigated for actions, which may lead to criminal charges? Yes \(\sumsymbol{\text{No}} \sumsymbol{\text{No}} \sumsymbol{\text{No}}
If yes, please provide details:
Have you ever been the subject of a professional disciplinary enquiry that resulted in any form of adverse finding, censure or ruling? Yes \Boxtim No \Boxtim
If yes, please provide details:
ii yes, please provide details.

Referees Reports				
verbal or written inform and/or referees. We requ of determining your suit	nation on a confidential bust your authority for the	pasis from representative information sought to be you have applied for. I	by Auckland will want to seek es of your previous employers released to us for the purpose Do you consent to Endoscopy reference checking?	
Your present emplReferees (as suppl				
Please supply the following information for three people who will provide work references for you or the name of contact and employment agency who made this appointment for you.				
Name	Organisation	E mail Address	Phone No	
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If your application was s	uccessful, when would you	ı be available to begin em	iployment?	
T				
□ Now				
□ 2 weeks				
□ 1 month				
□ 1-2 months				
□ 3 or more mont	hs			
Do you know anyone currently working at Endoscopy Auckland or Laparoscopy Auckland? If yes, please detail:				
Declaration (full name) declare that to the host of my knowledge that				
I				
Signature:				
Dato:				

Compiled by:	Robyn Martin/Sue Valentine
Date:	July 2015
For review:	July 2017