

## CONFIDENTIALITY AND PRIVACY

All information you provide on this application and its attachments will be treated as confidential by the MOTUS Health Network and its clinics.

The information is collected for the purpose of assessing your suitability for employment at a clinic within the MOTUS Health Network and to meet legislative requirements. The information you provide on this form will be collected and held by our organisation. If your application is successful, this information and all information obtained as a result of your permissions under this form (Including Police Vetting results) will be retained on your personnel file. Access to your personnel file is restricted within the organisation, however it may be viewed by accredited auditors who must abide by strict confidentiality and privacy regulations. In signing this form, you provide permission for this to occur. If you are not successful in your application, all the information provided to us in this recruitment process will be held for a period of up to 12 months and will then be appropriately destroyed.

## PERSONAL DETAILS

<b>First name</b>	<b>Last name</b>
<b>Other given names</b>	<b>Date of Application</b>
<b>Current address</b>	
<b>Town/City</b>	<b>Postcode</b>
<b>Home ph.</b>	<b>Mobile ph.</b>
<b>Email</b>	

If successful, when are you available to commence work? \_\_\_\_\_

## CANDIDATE DECLARATIONS

As part of the employment process we gather and confirm as much relevant information as possible for the role you have applied for. This is to ensure we select the best person possible for the role and to also ensure we meet various legislative requirements.

As part of your application for this role we will need to confirm your identity and conduct some background checks including referee checks, confirming your eligibility to work in NZ and your health, and checking criminal convictions. Offers of appointment are conditional on the satisfactory completion of all the checks. Any issues arising from the checks will be discussed with you and if they cannot be resolved to our full satisfaction, you will not be offered the role, or if you are provided with an offer that is conditional on the completion of the checks, the offer and employment agreement will be terminated immediately. If you have any queries about our background checking process, please contact our HR Team on [HR@motushealth.co.nz](mailto:HR@motushealth.co.nz).

## LEGAL ENTITLEMENT TO WORK

	Yes	No
<b>Are you legally entitled to work in NZ?</b>		
<b>Do you have a work permit?</b> <i>If yes, it will be necessary to produce your passport and any work permits before any potential employees are offered a position with us.</i>		
<b>If you are not entitled to work permanently in New Zealand, for what length of time are you legally entitled to work in New Zealand?</b>		

**HEALTH STATUS**

*The following information is required to assist us in meeting our obligations under the Health and Safety in Employment Act and the Injury Prevention Rehabilitation and Compensation Act, and to assess your ability to do the job.*

Have you had, or do you have, an injury, medical condition or disability – for example, hearing loss, sensitivity to chemicals, repetitive strain injury, mental illness or condition – that could be aggravated or further aggravated by the tasks and responsibilities that you would be required to perform in this role, or at the location(s) at which you would be required to undertake the work?

Yes	No
<p>If yes, do you believe this condition will affect your ability to carry out effectively and safely the functions and responsibilities of this role? Please provide details. <i>(Note: MOTUS and the clinics in its network comply with the Human Rights Act and a declaration of an injury, medical condition or disability will not rule you out of consideration for the role)</i></p>	
<p>Should you be appointed, would you require any specific equipment and/or particular environment/location etc to undertake the functions and responsibilities of the role? Please provide details.</p>	
<p>Are there any other conditions or issues that you would like to declare in relation to your ability to perform the duties of this role? Please provide details.</p>	

## VULNERABLE CHILDRENS ACT 2014

As a core children's worker under the vulnerable children's Act 2014 successful candidates are be required to undergo Police Vetting prior to employment and every three years thereafter. As you will be undertaking Police Vetting as part of your registration process we will not be repeating this on employment but if successful you will be subject to three yearly checking.

Applicants may not be employed as a children's worker if they have been convicted of a specified offence listed in Schedule 2 of the Vulnerable Children Act 2014, unless they obtain an exemption. The Criminal Records (Clean Slate) Act 2004 will not apply to these specified offences and these offences will be included in your Police vetting results.

The Clean Slate Act provides certain convictions do not have to be disclosed providing:

- you have not committed any offence within 7 consecutive years of being sentenced for the offence
- you did not serve a custodial sentence<sup>1</sup> at any time
- the offence was neither a specified offence under the Clean Slate Act 2004 nor a specified offence under the Vulnerable Children Act 2014
- you have paid any fines or costs

Custodial sentence means a sentence of imprisonment and includes corrective training, preventive detention, a sentence of imprisonment served by home detention, borstal training, detention centre training and any other sentence that requires the full-time detention of an individual. Non-custodial sentence includes, but is not limited to, a community-based sentence, a sentence of home detention, a sentence of a fine or reparation, a suspended sentence of imprisonment, and a specified order.

**Please note that you are not obliged to disclose convictions if you meet the above conditions but can do so if you wish. If you are uncertain as to whether you are eligible contact the Ministry of Justice. We understand and respect an applicant's right to privacy and this information will only be used for the purpose of determining whether an applicant is suitable for employment.**

	Yes	No
Have you ever been convicted of any criminal offence that involves fraud, dishonesty or acts of assault or violence?		
Are you the subject of any present criminal investigation or prosecution which may affect your ability to carry out this role?		
Have you ever been discharged without conviction for an offence?		
Have you ever been sentenced to imprisonment?		

**If you have answered yes to any of the above questions, please outline what convictions you have or are pending, and add any comments on these you wish to make to support your application for employment with us:**

## APPLICANT DECLARATION

I, \_\_\_\_\_ declare and authorize the following information:

I do not have any commitments which may prevent me from attending work at the clinic I am applying to be employed at and I have no other commitments that may affect me working during the hours of work.

*If you do have commitments, please provide details:*

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If my application is unsuccessful, I consent to the company retaining the information contained in this application form for a period of 12 months for the purpose of considering suitability for any other position that may arise with this company in the future.

I accept that if the company is not satisfied with the results from the following pre-employment checks and any relevant personal information, which is provided/obtained during the recruitment process, I may not be offered employment, or my employment with the company may be terminated:

I consent to the company conducting the following tests and checks and contacting any referees that I have provided.

- Reference Checks
- Health assessment (*where relevant to your ability to perform the position*)
- Criminal history declarations
- Police Vetting

I agree that I will pay for any medical assessment that I had agreed to attend, but that was ultimately not attended by my choosing.

I declare that the answers to the questions in this application, and any further information I may provide during the recruitment process, are true and correct and provide a balanced and complete view of the details relevant to my suitability for employment with. I understand that any incorrect, misleading or omitted material information may disqualify me from appointment, or if appointed, that my employment with the company may be terminated.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**By typing your name above, you are deemed to have signed the form.**

Date: \_\_\_\_\_