

RMO Application for Employment Form

Information collected on this form is used to assess your suitability for employment within Canterbury District Health Board (CDHB). This information will be held in a secure place with only authorised staff having access to it. You have the right of access to your personal information and to seek any correction you think necessary to ensure accuracy.

Position Applied for:	<input type="checkbox"/> House Officer – First Year <input type="checkbox"/> House Officer – Second Year <input type="checkbox"/> House Officer – Senior <input type="checkbox"/> Registrar (basic level) <input type="checkbox"/> Registrar (advanced trainee)	Vacancy Number:	
Location / Specialty:			
Where did you see this vacancy advertised?			
Appropriate Position Description sighted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If your application is successful, when could you commence employment?			

Personal Details

Candidate Reference:	If you have previously applied for a position at the CDHB within the last 18 months and were given a Candidate Number, please enter it.		
Title:			
First Name(s):	Surname:		
Preferred Name:			
Home Address:			Postcode: <input type="text"/>
Postal Address:			Postcode: <input type="text"/>
Email address:			
Home Telephone:	() <input type="text"/>	Mobile Phone Number:	() <input type="text"/>
Work Telephone:	() <input type="text"/>	If you are happy for us to contact you at work, please provide your work contact number.	

Work Status

Are you a New Zealand Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	What is your Country of Citizenship?
Do you hold a valid New Zealand work visa/permit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you commenced the visa/permit application process?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you do hold a valid New Zealand work visa/permit, please provide details and conditions:	
Visa type:	<input type="checkbox"/> Permanent Residency <input type="checkbox"/> Working <input type="checkbox"/> Student <input type="checkbox"/> Holiday

Conditions of Visa:			
Work Visa/Permit Number		Expiry Date:	
(Please upload or include a copy of your Visa/permit)			

Are you a current CDHB employee or have you ever been an employee of CDHB and/or its predecessor organisations? If yes, please complete the following table (including dates)				Yes <input type="checkbox"/> No <input type="checkbox"/>
From	To	Position Held	Department	Manager

Are you currently working for the CDHB in a temporary capacity but employed by an agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please indicate which agency.	

Fitness to Undertake Work

The purpose of gathering the following information is to enable the CDHB 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 condition, previous injury or impairment.

Have you ever had significant time off work as a result of an illness, injury or infection that may affect your ability to perform the job applied for? If yes, please specify (including estimate of time off, year of occurrence and reason).	Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you ever consulted a health professional for a gradual process illness, injury or infection? If yes, please specify.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have (or have you had) a medical or surgical condition, disorder, or injury (including chemical sensitivities, skin problems, allergies, hearing or eyesight difficulties) that could affect your ability to undertake, or be aggravated by, the role that you have applied for, or your employment in general, or might affect you from attending work regularly. If yes, please specify.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have any condition that would prevent you from wearing personal protective equipment e.g. mask, gloves, closed shoes, lead apron, hearing protection etc? If yes please specify.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Note: A prior gradual process or musculoskeletal injury may not prevent you working for Canterbury DHB, although injury documentation may be requested. You may also be required before commencement to provide evidence of your immunization status.

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 <input type="checkbox"/> No <input type="checkbox"/>

Are there any disability needs, which will require accommodation if you are successful with your application? If yes, please explain.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other Relevant Information

Do you hold a current full drivers licence, valid for use in New Zealand?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state the class(es) of the drivers licence you hold:	Demerit Points:
The following question relates to your credibility and suitability for employment in a Health organization.	
Have you any criminal convictions, or actions pending which could result in a criminal conviction in New Zealand or overseas and/or are you aware of any matters pending?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you consent to CDHB undertaking a criminal record check?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your professional body taken any disciplinary action against you in the past or is there any actions pending by your professional body which may affect your ability to carry out the duties required for the position you are applying for? If yes, please provide details of any past or pending action.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Qualifications

Please provide details of any basic medical qualifications and ALL postgraduate qualifications		
Qualifications Gained	Where From	When Completed

Are you enrolled in a training programme?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Basic <input type="checkbox"/> Advanced <input type="checkbox"/>				
Name of programme:		Specialty (if appropriate):		
Qualification Sought:				
Date basic training commenced:				
Date registered on college training programme:				
Qualifications received to date (e.g. Pt 1 examination, etc):				
Requirements to complete (e.g. Pt 2 examination, experience, project to be undertaken, etc):				
Expected completion date:				

Please provide details of any relevant experience				
Hospital/Employer	Post Held	Department	Date (start)	Date (End)

Registration/Competency Details	
Please indicate the type of New Zealand medical registration you will hold at the time of appointment if you are selected for a position:	
Provisional General Scope of Practice:	
Special Purpose Scope of Practice:	
Vocational Scope of Practice:	
Registration Number: (if known)	
Please note: A current annual practicing certificate is a requirement for all those appointed to RMO positions. The original certificate will need to be sighted on commencement.	

Employment History						
Employment details included in CV (attachment)						
From	To	Employer	Position	Full Time	Part Time	Reason for Leaving

Referees					
Please list three referees (three for Senior Medical Officers) whom we can contact concerning previous employment. These should preferably be current or previous managers.					
Name	Occupation	Organisation	Address	Telephone	Email Address

Statement Of Agreement

I have no objections to the Canterbury District Health Board verifying the statements I have made on this application form and attached documentation. However, I understand that my present employer will not be contacted without my consent. I understand that if I have previously been or am currently employed by the CDHB and/or its predecessors that my current/previous Manager/s may be contacted and/or my personal file accessed.

I acknowledge that the CDHB may contact the above referees for further information. I understand and accept that any references that are obtained by the CDHB will be confidential and will be used by the CDHB solely to evaluate my suitability for employment with the CDHB 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 the CDHB, at the CDHB's cost.

In the event I am required to undergo a medical assessment I consent to the CDHB receiving the relevant medical information from the assessor. I also agree that the CDHB may seek additional relevant information from any other treatment providers I have seen, and those providers may disclose that information to the CDHB.

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 be given or material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed.

I also agree to the release of the information contained in this application to other health employing authorities in the event that I make application to them for a position.

I agree to the above statements.

Signature	Date
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To be completed by Employing Manager of Canterbury DHB

The following documents have been sighted (where relevant) and/or follow up activity completed

- Practising Certificate No: expires on / /
(attach copy of certificate and copy of identification used to verify signature)
- MRSA Clearance *(attach copy)*
- Work Permit expires on / / *(attach copy)*
- Identification
- Current/prior employee of Canterbury DHB. (If yes, please contact your Human Resources Department) Yes No