

AUCKLAND WOMEN'S CENTRE – TE WĀHI WĀHINE O TĀMAKI MAKAURAU APPLICATION FORM

Purpose

This information is collected for the purpose of assessing your suitability for employment at the Auckland Women's Centre – te Wāhi Wāhine o Tāmaki Makaurau.

Please Your n	•		
	Phone number:		
	Best contact times:		
	Email address:		
2.	Immigration Status: Are you a citizen of New Zealand?	Yes/No	
	If no, do you have the right of permanent residence?	Yes/No	
	If no, do you have a work permit? (Passport verification required)	Yes/No	
3.	Health conditions relevant to work: Do you have any known condition or illness which may affect your ability to effectively carry out this position? Yes/No		
workpl	please specify, and note if there are any adjustments we lace which would mitigate the effect on your work ability	·)	
4.	If your application is successful, when could you comme		

5.1 Note	Have you ever been convicted of a criminal offence? conviction is not automatic disqualification from application	Yes/No
5.2.	Are you awaiting the hearing of charges in a court of law? Yes/No	
6.1 Y	our legal name: (this will only be used for the police check) Surname:	
	Given Names:	
orgar	isation obtaining information from the police regarding my crime of) for the purpose of assessing my suitability for this position.	
my ki delib check unsui		nd that if any false or pressed, or a police ers makes me
	(Full name) h	old a clean, current
drive	rs' licence.	
7.2. [Do you have access to a vehicle for work purposes?	Yes/No
	r the purposes of compliance with the Privacy Act 1993 do you clen's Centre contacting your referees for the purpose of reference Yes	
9. F	Please tell us how you heard about this job vacancy?	
Signe	d:	
Date	d:	