



TAIHAPE HEALTH LIMITED

RECRUITMENT APPOINTMENT

Dear Applicant

Please find enclosed a position description and application form for the position you have enquired about. To better understand Taihape Health Limited, our website is available for your perusal at <https://www.wrhn.org.nz/taihape-health-limited>. For any further information, please do not hesitate to contact us on (06) 388 0926.

Application and Appointment Guidelines

All applications for employment must include:

- A completed Employment Application Form.
- A current CV and covering letter which should include your contact details and relevant information about your qualifications and experience.
- Referees including last employer (this information may be withheld unless shortlisted)

Applications may be sent by post, email, or hand delivered to:

Reception
Taihape Health Limited
3 Hospital Road
Taihape 4720

Phone: (06) 388 0926

Email: Gemma.Kennedy@thl.org.nz

Privacy Statement

The information provided with your application is collected (and may be stored) in accordance with the Privacy Act 1993, for the purpose of assessing your suitability for employment at Whanganui Regional Health Network.

Provision of False or Misleading Information

Failure to complete all sections of this application truthfully will render the application invalid and should you be successful in your application, may be grounds for dismissal.

Senior Management
Whanganui Regional Health Network and Taihape Health Limited



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|---|-----------------------|----------------|
| Name of position applied for: | | |
| Title: (Dr Mrs Ms Miss Mr) | Surname: | First Name(s): |
| Street number: | Street: | City: |
| Postal address if different from above: | | |
| Phone (Home): | Phone (Work): | Mobile: |
| Email address: | Ethnicity (optional): | |

Please provide three referees who can attest your suitability for the position. Two of the three referees should be work related and one should include your most recent employer. NB: Referees will only be contacted if you are seriously considered for the position.

| Referee Name | Contact Number | Relationship to Applicant |
|--------------|----------------|---------------------------|
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| How did you hear about this vacancy? | |
| Are you legally entitled to work in New Zealand? i.e. as a citizen/permanent resident/holder of a current work permit | Yes/No |
| Do you hold a current NZ Drivers Licence? | Yes/No Class: |
| Do you currently have, or have had, an illness, medical condition or disability that is likely to affect your capacity to carry out the functions of the position in a safe manner? | Yes/No/Uncertain |
| Do you have any criminal convictions or charges pending (in accordance with the Criminal Records (Clean Slate) Act 2004)? http://www.justice.govt.nz/criminal-records/clean-slate/ | Yes/No |

Authority and Declaration

I _____ certify that the information provided in this application form and supporting documents is to the best of my knowledge correct.

I authorise Taihape Health and Whanganui Regional Health Network to collect such personal information about me from the named referees, accident provider or police for the purpose of assessing my suitability for appointment to the position applied for.

Name: _____

Date: _____