



Gonville Health Ltd EMPLOYMENT APPLICATION FORM

Dear Applicant

Please complete this application form for the position you are interested in. Gonville Health Ltd is a subsidiary company of the Whanganui Regional Health Network. For more information, please refer to this website: www.wrhn.org.nz

Applications must include:

- A completed application form
- A current Curriculum Vitae and covering letter, which should include your contact details and relevant information about your qualifications and work experience
- Referees, including last employer (this information may be withheld unless shortlisted)

Applications can be posted or emailed to:

Vacancies
Gonville Health Ltd
44B Abbot Street
Gonville
Whanganui 4501

Phone: (06) 385 4211
Email: vacancies@ghl.org.nz

Privacy Statement

The information provided with your application is collected (and may be stored) in accordance with the New Zealand Privacy Act 2020, for the purpose of assessing your suitability for employment at Gonville Health Ltd.

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.

Kayla Jackson
Clinical Services Manager
Gonville Health Ltd

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Name of position		
Title (Dr Mrs Ms Miss Mr)	Surname	First Name(s)
Street Number	Street	City
Postal address if different from above		
Home phone	Work phone	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 of these 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

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 Gonville Health Ltd to collect such personal information about me from the named referees or Police for the purpose of assessing my suitability for appointment to the position applied for.

Name: _____

Date: _____