



Taihape Health Limited (subsidiary of WRHN) 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, the Whanganui Regional Health Network website is available for your perusal at wrhn.org.nz/taihape-health-limited. For any further information, please do not hesitate to contact us on (06) 348 0109.

Application and Appointment Guidelines

Applications must include:

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

Applications may be sent by mail, email, fax or delivered to:

Service Manager
Taihape Health Limited
3 Hospital Road
Taihape 4720

Phone: (06) 388 0926
Email: nmartin@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
Taihape Health Limited

Taihape Health Limited (subsidiary of WRHN)

APPLICATION FORM

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)	Cellphone
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

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 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: _____

Date developed: Reviewed: 3 Dec 2019	Date due for Review: 3 Dec 2021 WRPHO Form No: F67
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