



Community Care Trust

Dunedin Community Care Trust Inc .
"Supporting People to Support Themselves"

APPLICATION FOR EMPLOYMENT

Please return to: General Manager, Dunedin Community Care Trust, P.O. Box 1075, Dunedin, New Zealand or deliver to Dunedin Community Care Trust, 205 High Street, Dunedin.

This application for employment is confidential.

- The information is collected for the purpose of assessing your suitability for employment at the Dunedin Community Care Trust.
- If your application is successful the information you have provided will form part of your personnel records, if your application is unsuccessful it will be destroyed after a period of 1 year.

Position applied for _____ **Date:** _____

Surname:.....First Name/s:.....

Title: Miss / Ms / Mrs / Mr / Dr / Other (*please specify*).....

Postal Address:.....

Telephone:.....
(Private) (Business) (Mobile)

Email Address:.....

Preferred method of contact?.....

Are you legally entitled to work in New Zealand? (*You have NZ Citizenship, permanent residency or a current work permit?*) Please delete which does not apply Yes / No
If you have a work permit when is the expiry date?.....

How did you learn of this vacancy? (Website, Newspaper, word of mouth etc).....

Date available to start.....OR period of notice required to current employer.....

Preferred hours of work? (*Nightshift / Morning shift / Afternoon shift / Sleepover / Part-time / Full-time / Weekend shifts / Casual*) Delete the ones that do not apply.

If you would prefer part-time employment, how many hours per week?.....

Preferred hours of work?.....

Please specify any days/hours you would be unable to work?.....

If you were invited to attend an interview, would you wish to bring whanau/support person/group?

(*Please delete one, which does not apply*)

Yes / No

EDUCATION AND TRAINING

Formal Education Qualifications/Courses/Certificates/Diploma *(include year obtained)*

Current Study Commitments:

EMPLOYMENT INFORMATION

Name Of present Employer:.....

Address:.....

Position held:.....Since.....

PAST EMPLOYMENT

Include all positions held for the last 5 years beginning with the most recent.

Company/Organisation	Position Held	Key Tasks and achievements	From	To

REFEREES

Please list names and contact details of three people who can be contacted for a recent work reference. At least one should be a Supervisor, Team Leader or Manger whom you have worked for.

Company/Organisation	Contact Person	Home/Work Telephone	Home/Work Email Address	Relationship <i>(e.g. Supervisor)</i>

Can we contact your present/previous employer? *(Please delete which does not apply)* Yes / No

If yes please provide contact details:

Name:.....Phone number:.....

Relationship to you:.....

INFORMATION RELEVANT TO POSTION APPLIED FOR

What is your background, if any in working with people with an intellectual disability?

What skills or strengths do you have, that will enable you to support clients with an intellectual disability?

We have our own training package that will enable you to work with all people with disabilities and challenging behaviour within a non-aversive framework. We will provide a 3-day training seminar to get you started, then you will take information away with you and complete in your own time. There are 3 levels of training. All staff must complete level 1 within the agreed timeframes (outlined in your contract). Level 2 is optional if individual staff members wish to further develop their career.

Are you willing to complete level 1 training provided by the Trust within the agreed timeframes?
(Delete which does not apply) Yes / No

Are you interested in other identified training, in the future? Do you have plans for your professional development?

Delete which does not apply

Do you have a current full drivers license	Yes / No
Do you have any previous driving convictions	Yes / No
Do you have a current first aid certificate	Yes / No
If you have answered no to the first aid certificate, are you willing to complete one within 6 weeks of employment?	Yes / No

Do you have any prior commitments that may require you to take any periods of extended leave in the next 6 months. Yes / No

If yes please state time and duration _____

HEALTH

In accordance with our requirements under Health and Safety in Employment Act, and our desire to ensure our workplace is safe, please complete the following questions. *(Please delete which do not apply)*

1. Do you have any current health problems or medical conditions, which may at any time, affect your general ability to attend work or to carry out you work effectively? Yes / No

If "Yes", please give details:

2. Do you have any health problems or medical conditions, which may be relevant to your specific proposed work? Yes / No

If "Yes", please give details:

3. Has your work ever been effected by stress or mental health problems (e.g. depression, anxiety)?
Yes / No

If yes, please explain: _____

4. Have you ever suffered from long-standing fatigue or tiredness? Yes / No

If yes, please explain: _____

5. Have you ever had problems at work arising from personality clashes, your attitudes or behaviour, Or conflicts with another staff member? Yes / No

If yes, please explain: _____

6. Has your use of alcohol and/or drugs ever effected your work performance? Yes / No

If yes, please explain: _____

7. Have you ever had difficulties coping with change or other stressful events in the workplace?
Yes / No

If yes, please explain: _____

8. Have you ever needed to take more than your sick leave allocation? Yes / No

If yes, please explain: _____

DECLARATION

This declaration is a requirement for all employees and voluntary staff.

I _____ hereby declare that

I have a criminal history. Yes / No (Please note: the Clean Slate legislation may apply.)

I have been convicted of the following:

I understand that provision of incorrect or misleading information may result in my summary dismissal.

I certify that the information given on this application form is full and correct. I understand that if any false information is given or any material fact suppressed, I may be disqualified from consideration or, if appointed, I may be dismissed. I have read and understood and agree to the provisions of this application form.

I understand that a condition of employment with the Dunedin Community Care Trust is that a satisfactory report is obtained from the Ministry of Justice. I understand if offered a position with the Dunedin Community Care Trust it will be provisional until such time this report has been received.

Signature of Applicant:.....Date:.....

Please attach covering letter and Curriculum vitae with this application. Please do not include folders or original documents. Documents will not be returned.

MISSION STATEMENT

“Supporting people with an intellectual and or autistic spectrum disorder to support themselves”