



Tena Koe,

Thank you for taking the time to complete this form – which is a required part of our application process. All information that you provide is strictly confidential to ADL and will not be discussed outside the organisation without your consent.

Please fill out all sections of the application form – even if there is repetition in your curriculum vitae (CV) and a current practicing certificate or registration certificate.

Please send the completed application, your current practising certificate or registration certificate (if applicable) to recruitment@adlnz.org.nz

If you have any further enquiries, please contact recruitment@adlnz.org.nz

Please assist us in improving our recruitment process by telling us where you saw this position advertised:

Position applied for:

Your full legal name:

Preferred name:

Previous names:

Your current address:

Daytime phone number:

Mobile:

Email:

Residency Status

Are you a permanent resident of New Zealand? Yes No

If no, (a) Do you have a work permit? Yes No

(b) If you do not have a work permit, when do you envisage obtaining one?

(c) Are there any restrictions affecting your employment, for example to do with your residency visa?

Health

This question is to ensure the environment you may be working in does not aggravate any health problems you may have.

Have you had any injury or medical condition caused by gradual process, or disease, or infection or other means (for example, hearing loss, sensitivity to chemicals or repetitive strain injuries), which the tasks of this job may aggravate?

Yes No

If yes, please give details

Do you suffer from any injury, disease, infection or other medical condition that may affect your work performance or regular attendance?

Yes No

If yes, please explain your condition:

Authority to practice

I confirm I have full registration with a NZ professional body	Yes	No
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I confirm I have provisional registration with a NZ professional body	Yes	No
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Please note professional registration

A copy of the appropriate certificate and registration must be attached to this application.

Previous employment

Provide details for the last 5 positions you have held

Position	Employer	Start date	Finish date	Reason for leaving

Periods not in employment

Please explain any periods when you were not employed (i.e. training, travelling, parenting)

Convictions

Have you ever been convicted of a criminal offence or been the subject of a professional disciplinary inquiry or other formal complaint?

Yes No

If yes, please give details:

Police Check

I hereby give the organisation permission to seek a criminal conviction check /police check. Yes

I confirm have filled in and attached the supplied forms Yes

Signature and date: _____ 

Ministry of Social Development Check

I hereby give the organisation permission to seek a Ministry of Development check. Yes

I confirm have filled in and attached the supplied forms Yes

Signature and date: _____ 

Care or Supervision of Children or Young People Disclosure Statement *

I agree to disclose all circumstances in which I have been involved in the care or supervision of Children or Young People (including sports coaching, youth group involvement and teacher aide work) in the table below and authorise ADL to obtain information from former employers and organisations.

Yes Signature and date: _____ 

Role	Organisation	Dates of involvement	Organisation contact

* ADL is required to capture this information under the Requirements for Safety Checks of Children's Workers Regulations 2015

Motor vehicle licence

I have a valid full licence Class A. Yes No

The number is:

Alcohol and drug use statement

I confirm that I have not used illegal substances in the previous 12 months and that my use of alcohol is typically within the recommended [New Zealand guidelines](#). Yes No

How did you find out about this role?

Referees

Please list details of your referees. These should include at least two managers to whom you have reported directly. By signing this form you give us permission to contact these people. Please include phone numbers for all referees. For applicants to clinical positions: At least one referee must be a direct manager from the clinical field who can comment on your professional practice.

Please note if you do not provide your current manager in the referees above, they will need to be contacted before any written offer is made.

Declaration

I authorise ADL to obtain references to support this application and release ADL and referees from any liability caused by giving and receiving this information. I certify that all the information in this application is true and complete. Any false statement may be sufficient cause for rejection or termination of employment if the application is successful.

I understand that if my application is successful, I will be required to give more information about myself and I also understand that any offer of employment may be subject to a satisfactory medical clearance and pre-employment screening.

Signature and date: _____

SIGN HERE

Modality Training – 5-Point Skill Rating Scale

Evaluate your current proficiency by selecting the number that best reflects your skill level using the scale below:

- 1 – No experience or understanding
- 2 – Basic awareness or limited exposure
- 3 – Moderate competence
- 4 – Solid proficiency
- 5 – Expert-level

Motivational Interviewing

ACT

CBT

Solution Focus

Whanau Inclusive Therapy