



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 Adventure Development 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. You can fill out the form online then you will need to print off and sign.

Please send the completed application, your current practising certificate or registration certificate (if applicable to [sarahw@adlnz.org.nz](mailto:sarahw@adlnz.org.nz)).

If you have any further enquiries, please contact Sarah Warren Ph: 0275131308 Email: [sarahw@adlnz.org](mailto:sarahw@adlnz.org).

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

Position applied for:

Your full 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:

Please advise us of your immunisation status by listing any current vaccinations and dates below (i.e. MMR, influenza) Under the COVID-19 Public Health Response (Vaccinations) all ADL staff are required to be fully vaccinated please confirm you have had the COVID-19 vaccination.

## Authority to practice

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

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

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 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

## 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 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 Adventure Development Limited to obtain references to support this application and release Adventure Development Limited 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

## Seven Real Skills

Mental health and addiction services in New Zealand are required to provide evidence that they are using the seven Real Skills in developing their workforce and services.

In the table below, please document what experience you have had of each of these seven Real Skills. For more information on the Real Skills please visit [www.tepou.co.nz/letsgetreal](http://www.tepou.co.nz/letsgetreal).

Real Skill	Definition	What experience have you had of this particular skill?
<b>Working with service users</b>	Every person working in a mental health and addiction treatment service utilizes strategies to engage meaningfully and work in partnership with service users, and focuses on service users' strengths to support recovery.	
<b>Working with Māori</b>	Every person working in a mental health and addiction treatment service contributes to whānau ora for Māori.	
<b>Working with families/whānau</b>	Every person working in a mental health and addiction treatment service encourages and supports families/whānau to participate in the recovery of service users, and ensures that families/whānau, including the children of service users, have access to information, education and support.	
<b>Working within communities</b>	Every person working in a mental health and addiction treatment service recognises that service users and their families/whānau are part of a wider community.	
<b>Challenging stigma and discrimination</b>	Every person working in a mental health and addiction treatment service uses strategies to challenge stigma and discrimination, and provides and promotes a valued place for service users.	
<b>Law, policy and practice</b>	Every person working in a mental health and addiction treatment service implements legislation, regulations, standards, codes and policies relevant to their role, in a way that supports service users and their families/whānau.	
<b>Professional and personal development</b>	Every person working in a mental health and addiction treatment service actively reflects on their work and practice and works in ways that enhance the team to support the recovery of service users.	