

Job Application Form Non-Teaching

Please fill in this form and return it, together with your CV and any other material you consider relevant to people@qmc.school.nz

Position applied for:

If your application is successful, the information will form part of the School's personnel records. Information relating to unsuccessful applicants is destroyed. The above statements are made in accordance with the Privacy Act 2020.

Personal Details

Title

First Name *

Surname *

Street Address *

Suburb *

Town, City *

Postcode

Mobile Phone *

Home Phone

Email *

Your Entitlement to Work

I am entitled under the Immigration Act 2009 to do the work for which this application applies: *

- I am a New Zealand citizen (or an Australian citizen)
- I hold a New Zealand residence permit
- I hold a work permit with conditions permitting this employment
- I hold a visitor or student permit with conditions permitting this employment

Other entitlements – please specify:

Police Vetting Check

The Education Act 1989 amended by the Education Standards Act 2001 requires the College to obtain a Police Vet of any person who is to be appointed to a position at the College. You are required to give permission initially for a Police Vetting check to be conducted if required. Should your application for this position be successful the offer of employment remains conditional until such time as this has been completed and is satisfactory. (payment for vetting will be met by Queen Margaret College).

I give my consent for a Police Vetting Check to be carried out and the necessary information being accessed. Yes No

Health & Safety

The following information is required to assist the School to meet its obligations under the Health and Safety in Employment Act 2015 and the Injury Prevention Rehabilitation and Compensation Act 2001, and to assess your ability to perform the duties of the position safely.

Do you suffer from or have you suffered from any injury or medical condition caused by gradual process, disease or infection (e.g repetitive strain injury, occupational overuse syndrome, back injury or strain, hearing loss, sensitivity to chemicals) which this job may aggravate or contribute to? * Yes No

if you answered 'yes' please provide details:

Do you have any health condition/s which could affect your ability to do this job? * Yes No

if you answered 'yes' please provide details:

Declaration:

'I understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC or the Board's workplace accident insurer.'

Signed:

Date:

Criminal Records

As an educational institution those working within the School are placed in positions of trust. The School therefore requests that you answer the following questions.

The School may decide to check your record for criminal convictions and/or your credit status. Do you consent to such a check? *

Yes No

Have you **ever** been convicted of a crime in New Zealand or in any other country? *

Yes No

Are there any charges against you yet to be heard? *

Yes No

If you answered 'Yes' to either or both of the above questions please provide details:

Statistical Information

Where did you hear of this vacancy?

Supporting Information

- Resume
- Cover Letter
- Additional supporting information
 - Police Vetting Form

Section 1: Agency to complete

For more information please see the [Guide to PVS Request & Consent Form](https://www.police.govt.nz/advice-services/businesses-and-organisations/nz-police-vetting-service/forms-and-guides)
(<https://www.police.govt.nz/advice-services/businesses-and-organisations/nz-police-vetting-service/forms-and-guides>)

1.1 Name of agency submitting vetting request

1.2 Name of the person being vetted

1.3 Description of the role of the person being vetted

This is a brief description of the role (not the job title). This is used by Police to help decide what type of vet is conducted if it is unclear from the following questions.

1.4 Which groups will the person being vetted be working with (select all that apply):

 Children/ Young People Vulnerable Adults

1.5 Does the role involve caring for people in the home of the person being vetted?

This is about whether the person being vetted is providing services out of their own home (that is, are vulnerable children or adults visiting the home of the person being vetted for support).

 Yes No

1.6 Is the person being vetted:

 A paid worker A volunteer Undertaking vocational or educational training

1.7 Is the person being vetted a Children's Worker according to the Children's Act 2014, section 23(1)?

*If the person being vetted is not working with children/ young people (Q 1.4), tick 'No' then skip to question 1.11.
If the person being vetted IS working with children (Q 1.4) AND is a volunteer (Q 1.6), tick 'No' then skip to question 1.9.*

 Yes No (skip to question 1.9)

1.8 Is the role of the person being vetted a core or non-core worker role according to the Children's Act 2014, section 23(1)?

 Core worker Non-core worker

1.9 Has the person being vetted previously been Police vetted by your agency?

 Yes No (skip to question 1.11)

1.10 Is the person being vetted still working in the role for which your agency last obtained a Police vet?

If this request is a renewal of the person's previous vet for this role, please select Yes. Otherwise, answer no.

Yes

No – the person being vetted is applying for a new role or position

1.11 What is the job title of the person being vetted?

1.12 Evidence of identity (to be completed by agency representative or identity referee)

[See consent form guide for details on how to complete this section](#)

A primary ID has been sighted (mandatory)

A secondary ID has been sighted (mandatory)

One form of ID is photographic (mandatory)

Evidence of name change has been sighted (if applicable)

OR: *If your agency is able to accept a verified RealMe identity then:*

An assertion of a RealMe identity has been received (see [consent form guide](#) for further information)

In making this request, I confirm that:

- ✓ I have complied and will comply with the [Approved Agency Agreement](#).
- ✓ I am satisfied as to the identity of the person being vetted.
- ✓ I have obtained the authorisation of the person being vetted to submit this vetting request as set out in section 3 of this form.

Agency Representative:

Name:

Date:

Signature:

Electronic signature

Section 2: Person being vetted to complete and return to agency

* Denotes a mandatory field

2.1 Personal Information

Note the name you are most commonly known by is your primary name

* Family name (Primary)	
* First/Middle name(s)	
* Gender	
* Date of birth	
Place of birth (Town/ City/ State)	
* Country of birth	
NZ Driver Licence number	

2.2 Previous names if applicable

Please include other alias or alternate names; married name if not your primary name; previous/ maiden/ name changed by deed poll or statutory declaration. Please include ALL names (first, middle and last) for each alias/previous name.

Family name	First name	Middle names

2.3 Permanent residential address

* Flat/ Number/ Street			
* Suburb		Post Code	
* Town/ City			

Section 3: Person being vetted to complete and return to agency

3.1 Consent to release information

1. The New Zealand Police may release **any** information they hold if relevant to the purpose of this vetting request. This includes:
 - a. Conviction histories and infringement/demerit reports.
 - b. Active investigations, charges and warrants to arrest.
 - c. Charges that did not result in a conviction including those that were acquitted (not guilty), discharged without conviction or withdrawn.
 - d. **Any** interaction I have had with New Zealand Police relevant to the role being vetted, including investigations that did not result in prosecution or were resolved by an alternative resolution programme.
 - e. Information regarding family violence where I was the victim, offender or witness to an incident or offence. This is particularly relevant where the role being vetted for takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
 - f. Information subject to name suppression where that information is necessary for the purpose of the vet.
2. If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released **unless**:
 - a. Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime).
 - b. Section 31(3) of the Children’s Act 2014 applies to this request (safety checks of core children’s workers).
 - c. The vetting request is made for the purpose of an overseas visa/work permit and authorises the vetting report to be provided directly to the relevant embassy, high commission, or consulate.

Please see the [vetting website](#) for more information regarding the Clean Slate legislation and what may be released.

3. The Police Vetting Service may disclose newly obtained relevant information to the requesting agency after the completion of the Police vet in the following circumstances:
 - a. The disclosure of the newly obtained information is justified under the Privacy Act 2020 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
 - b. The Police Vetting Service has taken steps to confirm that the purpose for the Police vet still exists – e.g., that I am employed or engaged in a role that required a Police vet.

The Police Vetting Service will take reasonable steps to notify you prior to the disclosure.

4. Information provided in this consent form may be used to update New Zealand Police records.
5. I am entitled to a copy of the vetting report released to the agency (to be provided by the agency) and can request a correction of any personal information by contacting the Police Vetting Service.
6. Please notify the agency or the Police Vetting Service if you wish to withdraw your consent.

For further information about the vetting process, please see the [vetting website](#).

Authorisation of person being vetted:

- ✓ I confirm that the information I have provided in this form relates to me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand Police to disclose any personal information relevant to my application (as described above) to the agency making this request for the purpose of assessing my suitability.

Name:		Date:	
Signature:		Electronic signature	<input type="checkbox"/>