

# Medical Staffing International APPLICATION FORM



## Personal Details

Mr/Mrs/Miss/Ms Surname:

First Name:

Middle Name:

Date of Birth:  
(We are asking you this question to be able to provide some advice on visa issues you do not have to provide us with this information)

Profession:

Current Address:  
  
  
  
Post Code:  
Country:

Alternative Contact:  
(Someone who always knows where you are and can be contacted in case of emergencies)  
Name:  
Relationship to you:  
Address:  
  
Post Code:  
Country:

Phone:

Alternative Phone:

Fax:

Alternative Fax:

Email:

Alternative Email:

Mobile:

Alternative Mobile:

Skype:

Alternative Skype:

## Qualifications

University / College / School	Qualification Obtained	Date Qualified	Course Length
1.			
2.			

## Membership of Professional Association(s)

Professional Associations of which I am a Member:

Licences or qualifications held:

**Professional Information**

I have NZ registration: Yes  No  My registration number is:  
 Please attach proof of your status by way of certified copy.  
 (If you are an SLT please send us your membership details from NZSTA)

I have applied for NZ registration/NZSTA membership: Yes  No  Date:  
 My reference number is:

**Visas and Permits**

Nationality: \_\_\_\_\_ My passport expires on: \_\_\_\_\_  
 (Please note if you have more than 1 nationality)

I hold the following New Zealand visas or permits:

Work Visa	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Visitor Visa	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Working Holiday Visa	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Residency	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Citizenship (NZ or Australian)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

I have no visa or permit

I will be travelling on my own	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I will be travelling with family	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I will be travelling with partner	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

My travel companion(s) will look for employment in (please note geographical preferences and their profession):

I will be departing/starting my travels on:  
 I will be arriving in NZ on this date: \_\_\_\_\_ I'm not sure yet   
 I am arriving in: Auckland  Christchurch  Other

**Work Details**

If there is a suitable position I can start work on (date):  
 What length of job are you looking for?:

Clinical areas I would like to work in (list at least 3 in order of priority with 1 the most liked and 3 or more the least liked):

Clinical areas that I would NOT like to work in:

Geographical areas preferred (please let us know if you have connections to a particular part of the country):

Geographical areas I do not want to live in:

**Legal Information**

Have you been convicted of a criminal offence? Yes  No

Are you currently involved in a process that may result in a criminal conviction? Yes  No

If your answer is yes, a prospective employer may ask you to provide further details.

Have you ever been subject to a finding by a professional body or tribunal of professional misconduct? Yes  No

If yes, please provide details of such finding/s:

**Drivers Licence**

Do you have a Drivers Licence? Yes  No

If Yes, is it: Full  Partial  (please make us aware of any restrictions)

Expiry date:

Any comments?

**Other Information**

Have you made any other inroads into obtaining work employment in New Zealand?

Yes  No

If Yes what have you done so far? ( please include any details of who you have contacted – if anyone – even if you have not heard back from them yet)

How did you hear about us?

**Declaration**

I declare that the above statements, particulars and information provided are true and correct. I further declare that any future statements, particulars and information provided by me will be true and correct.

I agree and undertake to inform Medical Staffing International of any material changes to my details as provided above.

I understand that any incorrect, misleading or false information provided by me can result in disqualification and/or termination from any employment.

I acknowledge that in accordance with the provisions of the Privacy Act 1993 the following information has been brought to my attention:

- a. This form collects personal information about me;
- b. The information is collected to evaluate my application for placement by Medical Staffing International Limited;
- c. The intended recipients of the information is potential employers;
- d. The information is being collected and held by Medical Staffing International Limited;
- e. The Privacy Act 1993 entitles me to have access to and request a correction of the information subject to the provisions of the Privacy Act 1993.

I authorise Medical Staffing International Limited to disclose the personal information they hold about me to any party who Medical Staffing International Limited deems to have potential employment opportunities to offer me. I can, however, reasonably expect that Medical Staffing International Limited will not disclose the personal information they hold about me to any employer that I have specifically excluded from my position search.

I understand that Medical Staffing International Limited will endeavour to keep me informed as to whom the personal information they hold about me has been disclosed to.

Signed:

Date:



**Referee Form**

We will require at least 3 references. One needs to be from your current or last employment. In signing this sheet you give us permission to forward references obtained to prospective employers as part of your documentation.

**Please ensure that you have included an email address and/or fax number for your referee.**

Your Name:
Referee Name:
When did you work with this referee? Start Date: _____ Finish Date: _____
Current Position Held:
Professional Relationship to you:
Referee Address:  Postcode/Zip: Country:
Referee Phone:
Referee Home Phone Number (if possible):
Referee Fax:
Referee Email Address:
I give permission for you to approach this person now <input type="checkbox"/> or on _____ (date)
Please talk to me before you approach this person <input type="checkbox"/>
Is this referee aware that we will be contacting them? Yes <input type="checkbox"/> No <input type="checkbox"/>
Signed:
Date:



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Postcode/Zip:

Country:

Referee Phone:

Referee Home Phone Number (if possible):

Referee Fax:

Referee Email Address:

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Signed:

Date:



**Medical Staffing International Health Questionnaire**

Any information given will only be divulged to a client if it is relevant to a specific placement, otherwise your medical history will be kept strictly confidential.

Name:.....

Male  Female

	<b>Yes/No</b>
Any conditions affecting work performance we should be aware of?	
Have you ever had an extended time off work due to injury or illness?	
Do you currently or have you in the past suffered from any disorders relating to the following systems?	
- Respiratory (including asthma, pneumonia, breathlessness or allergies)?	
- Cardiovascular (including high blood pressure or chest pains)?	
- Gastrointestinal (including dysentery, typhoid or any gastric ailment)?	
- Central Nervous (including headaches, migraine, fits or epilepsy)?	
- Genito-urinary (including any kidney or bladder infections)?	
- Dermatological (including eczema, dermatitis or any skin infection)?	
- Endocrinology (including diabetes)?	
- Haematological (including low red blood cell count)?	
- Locomotor (including rheumatoid arthritis, prolonged backache or disc trouble)?	
Do you have a history of mental illness?	

If your answer to any of the above questions is yes or if you are currently receiving treatment that might have an effect on your work, please give further details:

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**Comments**

(Anything we need to know that would have an impact on the workplace you require so we can ensure that you have a safe working environment)

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.....  
.....  
.....

**Declaration**

The information I have given here is correct to the best of my knowledge and I will inform Medical Staffing International Ltd immediately of any relevant medical condition that may arise in the future.

Signed: ..... Date: .....

## Application Checklist

We have provided you with this checklist so you can make sure you have submitted everything we require to assist you in the most efficient way. Please send any copies as certified copies.

### Documentation:

Please send in the following information as soon as you possibly can. Some documents such as the police clearance can take some time to come through feel free to send us your documents in stages.

- Application form** (including referee details and health information)
- Current CV** (please provide in electronic format (ie by disc or email to [info@medicalstaffing.co.nz](mailto:info@medicalstaffing.co.nz)). You can find a suggested template on our website.)
- Photograph**
- Police Clearance** ( Should be from the last 3 months) This can be a certified copy. We do prefer to see an original which we can then return to you.
- Copy of Passport**
- Copy of evidence that you are allowed to work in NZ during your stay here i.e. Working holiday visa, Work Visa/Permit, Residency** (not applicable to Australian and/or NZ citizens or residence)
- Copy of Drivers License** (if available)
- Copy of your New Zealand registration/NZSTA membership**
- Copy of the New Zealand Annual Practicing Certificate relevant to the year you want to practice in** (when available) (not applicable to SLT's)
- Any additional information you think we should know about such as additional post grad training** (please clearly mark documents with your name and indicate the number of pages attached.....)

Please ensure that all sections of this form have been completed and you have signed the declaration. Please forward all documents to:

#### By mail:

Medical Staffing Int  
PO Box 25172  
St Heliers  
Auckland  
1740  
New Zealand

#### By courier:

Medical Staffing International Ltd  
35 Kesteven Avenue  
Glendowie  
Auckland  
1071  
New Zealand

You are welcome to fax your application (to +6499293211)

#### **If you get stuck just sing out. You can contact us by:**

- Sending an email at [info@medicalstaffing.co.nz](mailto:info@medicalstaffing.co.nz)
- Phoning us (+6495754258 or +6498898335)
- Freecall from UK, South Africa: 00800 67469123
  - Freecall from Canada: 011800 67469123
  - Faxing us (+64 – 9 – 9293211)
  - Skype: medicalstaffingint.nz

*We are looking forward to receiving your documentation.*