

7a First Ave, Whangarei, 0110 | Phone: (09) 430 2090 | www.homesupport.co.nz

**Co-ordinator**

**Full time, Permanent Position**

**Based either from our Whangarei Office or Kerikeri Office**

Thank you for your interest in our Co-ordinator role. Please complete the following application and return to the office**.** The position you are applying for is full time - 8 hours per day, Monday to Friday.

We aim to be interviewing successfully screened applicants as soon as possible. Ideally we would like a start date for this position to be **immediate.**

So we can process your application, we require you to answer **all** questions that follow. The successful applicant needs to complete a “Consent to Disclosure Exception of Information” form (full disclosure police check). Your nursing registration number will be required for register check / validation.

Evidence of being fully vaccinated against COVID-19 is required to be supplied with your application please.

Please note that our Employment Agreement will also include a 90 day probation period. Please also refer to attached Position Description for tasks associated with this position.

We require a current CV (if you have not already provided one), showing all work history as well as two **work** referees (contactable during office hours).

Thank you for your interest and we look forward to receiving your completed application.

Regards,

**Debra Peters**

**Operations Manager**

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| |  |  |  | | --- | --- | --- | | **Mid/Far North Office**  19 Homestead Road, Kerikeri 0230  Phone: (09) 401 6657  Freephone: 0800 832 383 [hsnwageskk@homesupport.co.nz](mailto:hsnwageskk@homesupport.co.nz) |  | **Whangarei Office**  7A First Avenue, Whangarei 0110  Phone: (09) 430 2090  Freephone: 0800 832 383  [officewhg@homesupport.co.nz](mailto:officewhg@homesupport.co.nz) | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| Applicants Name | | Click here to enter text.    www.homesupport.co.nz | | | | | |
| Physical Address | | Click here to enter text. | | | | | |
| Postal Address | | Click here to enter text. | | | | | |
| Home Phone | | Click here to enter text. | Cell Phone | Click here to enter text. | | | |
| Email Address | | Click here to enter text. | | | | | |
|  | | | | | | | |
| **1** | Ages of dependent children (optional) Click here to enter text. | | | | | | |
| **2** | Do you have a reliable vehicle? | | | | **Yes** | | **No** |
| **3** | Do you hold a Full Current Driver’s licence? | | | | **Yes** | | **No** |
| **4** | Have you ever applied with us before? | | | | **Yes** | | **No** |
| **5** | Have you ever worked with us before? | | | | **Yes** | | **No** |
| **If yes**: What position did you hold**?** Click here to enter text. | | | | | | |
| **Which office:** Click here to enter text. **When:** Click here to enter text. | | | | | | |
| **6** | Do you have a Criminal Conviction that would show up on a CURRENT “Exception” (full disclosure) police check.  *The successful applicant must authorise a Police Check.* | | | | **Yes** | | **No** |
| **If yes – please give details:** Click here to enter text. | | | | | | |
| **7** | Do you have a conviction pending? | | | | **Yes** | | **No** |
| **If yes – please give details:** Click here to enter text. | | | | | | |
| **8** | Do you have any health problems that could affect your performance in this position short or long term? | | | | **Yes** | | **No** |
| **If yes – please give details:** Click here to enter text. | | | | | | |
| **9** | Is there anything else that may affect your ability to perform this job long term? | | | | **Yes** | | **No** |
| **If yes – please give details:** Click here to enter text. | | | | | | |
| **10** | Have you ever made a work related ACC Claim? | | | | **Yes** | | **No** |
| **If yes – please give details:** Click here to enter text. | | | | | | |
| **11** | Have you ever been involved in an employment dispute or with the Employment tribunal or Nursing Council? | | | | **Yes** | | **No** |
| **If yes – please give details:** Click here to enter text. | | | | | | |
| **12** | Are you a New Zealand or Australian Citizen and legally entitled to work in New Zealand? | | | | | **Yes** | **No** |
| If No – do you have a work permit/visa and can supply a New Zealand IRD number?  If other: please give details: Click here to enter text. | | | | | **Yes** | **No** |
| **13** | We would like you to identify areas of experience you have had (as listed below): **(Please tick and give details of experience)** | | | | | | |
|  | **Nursing Qualifications (please supply copies qualifications & Reg. No)** Click here to enter text. | | | | | | |
|  | Customer Relations Experience Click here to enter text. | | | | | | |
|  | Computer Experience **(minimum intermediate level required Excel/Word/Access)** Click here to enter text. | | | | | | |
|  | Please state other experience Click here to enter text. | | | | | | |
| **14** | Is punctuality an issue for you? **Please explain what you would do if you could not arrive at work on time?**  Click here to enter text. | | | | | **Yes** | **No** |
| **15** | How do your rate yourself with regard to **prioritising workloads and achieving deadlines?** Click here to enter text. | | | | | | |
| **16** | If successful you would be working as part of an office team of 18 staff. This requires a person with a team spirit – please comment why you consider yourself to be a **team person:** Click here to enter text. | | | | | | |
| **17** | **Are you currently employed?** | | | | | **Yes** | **No** |
| **If so – what is your current employment?** Click here to enter text. | | | | | | |
| What notice would you be required to give at your current employment?  Click here to enter text. | | | | | | |
| **18** | The position requires visiting Clients in their own homes in Whangarei area and the wider region. This requires someone with the ability to relate to all environments, cultures and living conditions and includes travel throughout Northland. **Please give a brief description of what skills you have to indicate this is a suitable position for you.**  Click here to enter text. | | | | | | |

Please give a brief outline of what other skills / attributes you have and why you feel you would suit this position.

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| Click here to enter text. |

**CHECKLIST**

C.V. and any work-related references attached.

Copy of your Driver’s Licence / Passport has been provided

**PLEASE GIVE DETAILS OF TWO REFEREES** from previous employers (contactable during working hours) **WITH THIS APPLICATION**. We will contact the Referees as part of processing your application.

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| --- | --- | --- | --- | --- |
| Name | Click here to enter text. |  | Name | Click here to enter text. |
| Position | Click here to enter text. | Position | Click here to enter text. |
| Company | Click here to enter text. | Company | Click here to enter text. |
| Phone No. | Click here to enter text. | Phone No. | Click here to enter text. |
| Cell Phone | Click here to enter text. | Cell Phone | Click here to enter text. |
| Comment: Click here to enter text. | | Comment: Click here to enter text. | |

***I will undertake to advise the Service of any criminal convictions I may incur whilst employed by Home Support North Charitable Trust.***

***I confirm the information supplied is a true and accurate record. I authorise you to obtain from my nominated referees, information relevant to my employment*.**

Applicants Signature: Click here to enter text. Date: \_\_\_\_\_\_\_\_\_\_\_\_

**\*\*THIS INFORMATION IS CONFIDENTIAL TO OUR SERVICE.**