

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

**Support Worker Trainer**

**Permanent Position**

**Based in Whangarei Office**

Thank you for your interest in our Support Worker Training position. Please complete the following application and return to us**.** The position you are applying for is Part time – approx. 6 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,** to enable training with the Trainer in the role.

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).

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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | **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) | | | |
|  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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/Training 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** | Are fixed start / finish times an issue for you or would you have a need to request flexible working hours?  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 staff over two offices. This requires a person with a team spirit & good communication skills – 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 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.

|  |
| --- |
| 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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.**