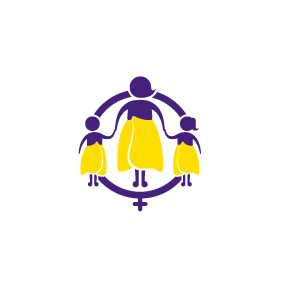
**CONFIDENTIAL** Application for Appointment

* This information is collected for the purpose of assessing your suitability for employment with the Women’s Refuge Movement
* This application is for employment at the National Office of the National Collective of Independent Women’s Refuges (NCIWR)
* Equal opportunity in employment is a policy of NCIWR
* A separate application is required for each vacancy.
* This application should be supplemented with a curriculum vitae in the following format:

*Single sided, A4 size, white/ light coloured paper.* ***Do not bind****. Single staple may be used in top left corner.*

***Do not*** *include originals or copies of certificates/awards.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position applied for | | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | |
| Family name | |  | | | | | | | | | | | First name(s) | | | |  | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone | Home: | | |  | | | | | | Mobile: | |  | | | | | | | | Work: | | |  | | | | | | |
| Email |  | | | | | | | | | | |
| Are you legally entitled to work in New Zealand? (You have NZ citizenship, permanent residency or a current work permit?)  *Note: If you are not a NZ Citizen, it will be necessary to produce your passport to verify your entitlement to work.* | | | | | | | | | | | | | | | | | | | | | | | | | | Yes |  | No |  |
| Present Position | | |  | | | | | | | | | | | | | Present Salary (optional) $ | | | | | | | | | |  | | | |
| Employer | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date available to start | | | | | |  | | | | | ORperiod of notice required to current employer | | | | | | | | | | |  | | | | | | | |
| If you were invited to attend an interview, would you wish to bring whanau/support group? (tick) | | | | | | | | | | | | | | | | | | | | | | | | | | Yes |  | No |  |
| How did you learn of this vacancy? | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Have you previously been employed by NCIWR or Women’s Refuge? | | | | | | | | | | | | | | | Yes | | |  | No | |  | | |
| If yes, period of employment: | | | | | | |  | | Reason for leaving: | | | | |  | | | | | | | | | | | | | | | |

**REFEREES** Name two people (whose consent you have obtained) who know you well as an employee, from whom NCIWR can obtain a reference. Please only nominate people able to comment on your ability to perform the duties of the position for which you have applied.

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|  |  |  |  |
| Name Job Title Company Phone Number | | | |
|  |  |  |  |
| Name Job Title Company Phone Number  **CONSENT** | | | |

***I consent*** *to NCIWR seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to NCIWR for the purposes of ascertaining my suitability for the position for which I am applying.* ***I understand*** *that the information received by the organisation is supplied in confidence as evaluative material and will not be disclosed to me.*

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNED** |  | **Date** |  |

**DECLARATION**

*I* ***declare*** *that the answers to the questions in my application are true and correct and that any incorrect or misleading information or suppression of material facts, on this form or on any other document (eg. CV or Competency Self Assessment) may lead to disqualification, or if appointed, to termination of employment.* ***I accept*** *that should my application be successful, the foregoing will form part of my employment agreement.* ***I understand*** *that if I am offered a position it will be provisional until such time as original documentation verifying experience, qualifications, and entitlement to work etc, is produced.*

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNED** |  | **Date** |  |

**Post to: C Gibbs**  National Collective of Independent Women’s Refuges Inc, P O Box 27-078, Marion Square, Wellington, 6011

**Email to**: Cheryl@refuge.org.nz

**Deliver to**: National Collective of Independent Women’s Refuge. Ground Level, 275 Cuba Street, Te Aro, Wellington, 6141