

## Applicant Personal Disclosure Form: Confidential

PERSONAL DETAILS		
Full Name		
Home phone		
Work phone		
Mobile phone no		
Email address		
Address		
Date of birth (optional)		
POSITION		
Position applying for (if applicable)		
Registering for	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer	
Availability to start		
How did you hear of Marlborough Urgent Care		
<b>Please fill out the following information in full, even if the information is also supplied in your CV</b>		
PRESENT EMPLOYMENT		
Position held		
Employer		
Starting date		
Reason for wanting to leave		
PAST EMPLOYMENT Please list your last two places of employment with the most recent first.		
Position held (1)		
Employer		
Dates employed		
Reason for leaving		
Position held (2)		
Employer		
Dates employed		
Reason for leaving		
QUALIFICATIONS/STUDIES (A copy of your academic record must be supplied with your CV)		
Degree /Qualification	Year obtained	Name of institution

**HEALTH** (pursuant to the Accident Insurance Act 1998)

1	Have you ever been diagnosed with/and treated for occupational overuse syndrome or any gradual process or overuse injuries? If yes, please detail:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Have you ever suffered from a back injury or back strain? If yes, please detail:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Are you allergic to, or have sensitivity to, any substances or chemicals? If yes, please detail:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Do you have a predisposition to any condition that you are aware of including, but not limited to, asthma, heart or respiratory problems, or high blood pressure? If yes, please detail:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Do you have any other condition, injury, illness or substance abuse problem which may affect your ability to effectively carry out all the functions and responsibilities of the type of work you may undertake? If yes, please detail:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Have you previously made any ACC claim? If yes, please detail:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Would you be available to work additional hours if and when required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	Are you prepared to work out of town if required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	How many sick days have you taken in the last 12 months?	_____ days	

**FURTHER INFORMATION/DECLARATION**

1	Are you legally entitled to take up permanent employment in NZ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	If you are not entitled to work in NZ permanently, when are you legally entitled to work to?		
3	Have you ever been convicted of a criminal offence or are you awaiting a criminal court hearing? If yes, please detail.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Do you hold a current drivers licence? If yes, what type?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Have you previously had your drivers licence revoked? If yes, please detail.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Is there any information you may be aware of which you have not yet disclosed but which an employer might regard as being relevant to its decision to offer you employment? If yes, please detail.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I declare that the information I have submitted both within this form and in connection with my application for employment, is true and correct. I understand that if any false information is given, or material suppressed, I may not be accepted or if I am employed my employment may be immediately terminated. I also understand that any false information in relation to the medical portion of this form may result in loss of entitlement to any compensation from ACC. I consent for this information to be disclosed for the purposes of consideration for employment.

**Signed****Dated**

Do you consent for Marlborough Urgent Care to hold the information collected in the registration process (i.e. application form, interview, referee checks, testing) and use it for the purpose of considering you for opportunities that may arise in the future?

 Yes  No**Signed****Dated**