Application Form

Catholic Chaplain

# Personal Details

|  |  |
| --- | --- |
| Last name |  |
| First names |  |
| Preferred Name |  |
|  |  |
| Postal address |  |
|  |  |
| Email address |  |
| Mobile phone |  |
| Home phone |  |
| Ethnicity |  |
| Iwi (if Maori) |  |
| Denomination |  |
| Parish/Church |  |

Have you worked (volunteered or paid work) in a NZ prison before? Yes / No

Do you know anyone currently in prison or on a community-based sentence? Yes / No

Have you ever been declined entry to a NZ prison? Yes / No

Do you have a criminal record? Yes / No

Have you ever had a relationship with any person with gang association? Yes / No

Do you have any additional association/affiliations you wish to declare? Yes / No

Do you have any current or potential conflicts of interest? Yes / No

# Statement of Health

Do you suffer from, or have you suffered from any injury or medical condition caused by gradual process, disease or infection (e.g. back injury or strain, hearing loss) that the tasks of this job as listed in the job description may aggravate or contribute to? Yes / No

Have you any other injury or medical condition which may affect your ability to effectively and safely carry out the functions and responsibilities of this position? Yes / No

*Note: In some situations, further specific medical information relating to the requirements of this position may be needed. In such cases the applicant may be required to undertake a pre-employment medical examination arranged and paid for by Diocese of Palmerston North.*

# Personal criminal convictions history

*We treat all declarations on an individual basis and regard early disclosure positively. If you are not sure it is best to declare offences here as any successful applicant will be required to complete a Ministry of Justice criminal check and be able to obtain approval from Corrections for access to the prison.*

Do you have a criminal record in New Zealand or overseas?

(Excluding those convictions covered by the Clean Slate Act 2004)? Yes / No

Are there any charges pending against you? Yes / No

# Eligibility to work in New Zealand

*To be employed for this ministry you must be eligible to work in New Zealand.*

Are you a New Zealand citizen? Yes / No

If not, do you have permanent New Zealand Residency? Yes / No

Do you have a work visa that allows you to work in New Zealand? Yes / No

If yes, please provide your visa expiry date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referees**

Please provide two referees who can comment on your ability to meet the requirements of this position. Where possible one of your referees should be your current or recent (within the last 12 months) manager or supervisor.

Your referees will only be contacted after receiving your express permission.

|  |  |  |
| --- | --- | --- |
|  | **Referee 1** | **Referee 2** |
| Name |  |  |
| Job Title/Position |  |  |
| Organisation Name |  |  |
| Address |  |  |
| Phone number |  |  |
| Mobile number |  |  |
| Email address |  |  |
| What job or position did you hold? |  |  |

Please include information on your ministry experience, qualifications and reasons for applying for this position in your CV or covering letter.

|  |  |
| --- | --- |
| If successful, when would you be available to start? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How did you find out about this position? | *SEEK, word of mouth, your Church, etc.*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

# Declaration

I declare the above information and any attachments that I have provided to TTPCA and Diocese for this job application are complete, accurate, and correct, and I have not omitted any information that would affect the decision to employ me.

I understand that if I am successful in my application and it is subsequently discovered that information I have provided is not complete, accurate, and correct or I have failed to disclose information, my employment may be terminated.

Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_