

Chaplain application form

Applicant details	
Last name	
First names	
Preferred Name	
Residential address	
Postal address	
Email address	
Mobile phone	
Home phone	
Ethnicity	
Iwi (if Māori)	
Denomination	
Parish/Church	

Please tell us about your ministry experience

Please list your completed qualifications.

Please tell us your reasons for applying for the position and why you feel your experience and ability match the duties and responsibilities of the role.

If your application is successful, when would you be available to start? _____

How did you find out about this position? _____

Have you worked (volunteered or paid work) in an 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 a gang association? **Yes** / **No**

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

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

If yes, please provide details.

Statement of Health

(Please indicate your answer)

Do you suffer from, or have you suffered from any injury or medical condition caused by a gradual process, disease or infection (e.g., back injury or strain, hearing loss) which 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 carry out the functions and responsibilities of this position effectively and safely? **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 TTPCA.

Referees

Please provide two referees who can comment on your ability to meet the requirements of this position. Your referees will only be contacted after receiving your express permission. Where possible one of your referees should be from your current or recent (within the last 12 months) manager or supervisor.

	Referee 1	Referee 2
Name		
Job Title/Position		
Name of organisation		
Address		
Phone number		
Mobile		
Email address		
What job or position did you hold?		

Church Leader Commendation

Please provide the full name and contact details of a senior church leader who TTPCA can contact at any time during the recruitment process regarding the verification of your credentials and suitability for this position.

This person may be asked to comment on your Church life, declare that you are of good standing with your church, and detail your strengths and abilities for prison ministry.

	Senior Church Leader
Name	
Position	
Name of church	

Address	
Phone number	
Mobile number	
Email address	

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 abroad (excluding those convictions covered by the Clean Slate Act 2004)? **Yes** / **No**

Are there any charges pending against you? **Yes** / **No**

Are you eligible to work in New Zealand? (To be employed by TTPCA you must be eligible to work in New Zealand) **Yes** / **No**

Are you a New Zealand citizen? **Yes** / **No**

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

If applicable, do you have a work visa that allows you to work in New Zealand? **Yes** / **No**

If so, please provide you visa expiry date: _____

Declaration

I declare the above information and any attachments that I have provided to TTPCA 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.

Full name _____

Signed _____

Date _____