

# **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 |
|                           |                     |
|                           |                     |
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| Please list your completed qualifications. ( <i>Please note: The successful candidate will b provide a copy of their academic transcript relating to any completed formal theological qualifications.</i> ) |                 |
|---|-----------------|
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| Please tell us your reasons for applying for the position and why you feel your experient match the duties and responsibilities of the role.  | nce and ability |
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|   |                 |
| 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 □     |
| Have you ever had a relationship with any person with a gang association?   | Yes □ /No □     |
| Do you have contact with a released prisoner or relesased prisoners?  | Yes □ /No □     |
| Do you have any current or potential conflicts of interest?   | Yes □ /No □     |
| If you have answered yes to any of the above six questions, please provide det  | -               |

#### **Statement of Health**

| Do you suffer from, or have you suffered from any injury or medical condition gradual process, disease or infection (e.g., back injury or strain, hearing loss) of this job as listed in the job description may aggravate or contribute to? | ,             |
|--|---------------|
| If yes, please provide details:  |               |
| Have you any other injury or medical condition which may affect your ability to functions and responsibilities of this position effectively and safely?  | carry out the |
| If ves, please provide details:  |               |

Please 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                               |   |   |
|   |   |   |
| <b>Criminal convictio</b>                   | -   |   |
|   | ts will be required to complete a Ministry of Justice criminal<br>proval from the Department of Corrections for access to the |   |
| Do you have a crimi<br>by the Clean Slate A | nal record in New Zealand or abroad (excluding those convided $2004)^{1}$ ?   | ctions covered Yes   /No                    |
| If you have answere                         | ed yes, please provide details of the offence, date and sente   | nce issued:                                 |
| Are there any crimir                        | nal charges pending against you?  | Yes □ /No □                                 |
| If you have answere                         | ed yes, please provide details:   |   |
| Eligibility to work                         | in New Zealand  |   |
| Are you eligible to w                       | vork in New Zealand? (To be employed by TTPCA you must  | be eligible to<br><b>Yes</b> □ <b>/No</b> □ |
| Are you a New Zeala                         | and 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                       | e you visa expiry date:   |   |
|   |   |   |
|   |   |   |
|   |   |   |

The Clean Slate Act applies only to New Zealand convictions. All criminal convictions from overseas must be declared.

<sup>&</sup>lt;sup>1</sup> Under the Criminal Records (Clean Slate) Act 2004, you do not need to declare a conviction if **all** the following apply:

<sup>1)</sup> It has been 7 or more years since your most recent conviction; and

<sup>2)</sup> You have never had a custodial sentence imposed upon you (such as in prison, corrective training, or at any secure facility); and

<sup>3)</sup> You have never been held in hospital by the court in a criminal case instead of being sentenced; and

<sup>3)</sup> You have paid in full any fines, reparation or costs ordered by the court in a criminal case; and

<sup>4)</sup> You have never been convicted of a "specified offence", as listed in Section 4 of the Act; and

<sup>5)</sup> You have never been indefinitely disqualified from holding a driver's licence for repeat offending involving alcohol and/or drugs.

### **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 nan | ne |  |  |
|----------|----|--|--|
|          |    |  |  |
| Signed   |    |  |  |
|          |    |  |  |
| Date     |    |  |  |