

**MY PLACE AOTEAROA
EXPRESSION OF INTEREST**

How did you find out about My Place Aotearoa _____

1. PERSONAL DETAILS:

Surname _____

First Name _____

Address _____ Post Code _____

Phone 1. _____ 2. _____

Email _____ DOB _____ Male/Female (*circle one*)

2. DO YOU HAVE?

1. Driver's Licence (*original will need to be cited*) Yes/No

2. Your own transport Yes/No
a. Would you be willing to use your own car for work if required? Yes/No
b. How far would you be willing to travel from home for work? km/time ___/___

3. Current National Police Certificate (less than 12 months old) Yes/No

4. Current First Aid Certificate Yes/No

5. NZ Citizenship or valid working visa? Yes/No
Working Visa Number _____ (*copy of original passport will be required*)

6. A resume? Yes/No (*please forward*)

3. EXPERIENCE

What experience do you have supporting people with disabilities? _____

Why have you applied for this position? _____

4. SKILLS

1. Do you have manual handling skills Yes/No
If NO, are you willing to learn? Yes/No

2. Do you have hoisting skills Yes/No
If NO, are you willing to learn? Yes/No
3. Do you have personal care skills? Yes/No
If NO, are you willing to learn? Yes/No

5. POSITION SOUGHT

- Full-time
 Part-time
 Casual

Approximately how many hours per week are you available? _____

Are these hours flexible? Yes/No

6. AVAILABILITY

HOURS OF WORK	PREFERRED HOURS
Monday to Friday - Day	Yes/No
Monday to Friday - Night	Yes/No
Saturday	Yes/No
Sunday	Yes/No
Public Holidays	Yes/No
Overnights	Yes/No

7. REFERENCES (please provide two work references contact details)

1.

2.

PLEASE RETURN THE COMPLETED FORM TO:

My Place Aotearoa, P.O.Box 109091, Newmarket 1141

This information has been collected for the sole purpose of assessing the prospective employee's suitability for vacancies that may arise within My Place Aotearoa from time to time. It will not be shared or sent to any third parties and the information provided will be retained on file except if you request for it to be removed.