

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION UNDER THE PRIVACY ACT 1993

The information you provide on this form will be used to process your application and assess your suitability for employment with Cancer Society of NZ Central Districts Division Inc. The information requested is not required by Law, but if insufficient information is provided your application may not be considered.

People having direct access to this information may include members of the executive committee, interview panel and staff responsible for the position.

You have a right to access personal information about you and seek any correction you think necessary to ensure accuracy. You are however advised that any request for *evaluative/opinion* based material held on you will be declined.

This information will be securely held in the Society's files for a maximum period of six months from the time an application is made, after that time it will be destroyed, unless you are the appointee in which case the information will be placed on your personal file.

Name of Applicant	
Date of Application:	
Position Applied for:	Events Coordinator - Manawatū
Closing date:	By 5.30pm Friday, 27 June 2025
Application MUST include:	Cover Letter
	Completed Application for Employment form (including this page)
	Curriculum Vitae (CV)
Email to:	recruitment@cancercd.org.nz

This application form does not indicate any commitment to employ the applicant and must be completed personally by the job applicant. No part of this form is to be omitted or deleted when completing the application details.

Full disclosure of all details is required and failure to do so may preclude the applicant being considered; or if employed and any part is found to be omitted, undisclosed, misleading, or false it will result in immediate termination of employment as a matter of serious misconduct for dishonesty.

PERSONAL INFORMATION (Please print)	
Title	Mr / Mrs / Miss / Ms / Other (<i>please state</i>)
Surname:	
Given Names (underline name used):	
Are you known by any other name(s)?	
Date of Birth - (is used for verifying ID)	

YOUR CONTACT DETAILS	
Number & Street:	
Suburb & Town:	
Contact Phone Number:	
Email address:	

ETHNICITY			
This information is collected for statistical purposes, to support cultural identity, and to support staff with English as a second language			
Where were you born?			
What Ethnicity do you identify with?			
Iwi Affiliation (s)			
What languages do you speak?			
Are you legally entitled to work in NZ?	Yes / No		
(delete as required)	NZ born / NZ citizen / Permanent resident		
	Work Visa / Student Visa / Other		
If No please give details of your current Visa s	tatus:		

WORKING WITH THE CANCER SOCIETY

Please tell us what you know about the Cancer Society?

Please tell us what interested you about this position?

Please give details of your experience working with Volunteers?

Please tell us what Equity means to you?

The Cancer Society operates on a Good Faith and No Surprises basis – please tell us what this means to you?

EDUCATION and QUALIFICATIONS

Please state any <u>qualifications and registrations</u> that you hold that are <u>relevant to the position</u> applied for:

Please state any other qualifications (secondary or tertiary eg BA Horticulture Development)

EMPLOYMENT HISTORY (do not write refer to CV)			
Please give details of your current or most recent Employer			
Company			
Position held			
Length of Employment	Start Date	Finish Date	
Main duties			
Hours per week			
Reason For leaving			
Next most recent Employmer	nt		
Company			
Position held			
Length of Employment	Start Date	Finish Date	
Main duties			
Hours per week			
Reason For leaving			
Next most recent Employmer	ht		
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Company			
Position held			
Length of Employment	Start Date	Finish Date	
Main duties			
Hours per week			
Reason For leaving			

OTHER EXPERIENCE

Other Work Experiences: Please give details of any other **relevant work experience** or **Voluntary work**.

What are you Hobbies, Interests, Clubs, Affiliations, or community activities?

HEALTH & WELLBEING

HEALTH & WELLBEING	
Do you have any general health and fitness concerns that could be affected by this role? (Even if it is resolved or managed or previously treated as we recognise that working in the Cancer Society can be stressful and aggravate health challenges. Any Health / disability / fitness concerns <u>do not</u> preclude you from employment. By indicating any concerns, we can discuss how we can support your employment with suitable aides, storage of essential medications, supporting a work/life balance etc)	YES / NO
Including but not limited to:	
 Long term Conditions (eg Asthma / Diabetes / Heart disease / High blood pressure / Angina) 	
Impacting conditions (eg Kidney issues / Vertigo / Epilepsy / Cancer)	
• Severe Allergies (eg nuts, bee stings, medications)	
Neurological conditions (eg Head injury / Memory Loss)	
Anxiety / Depression / PTSD / Mental health illnesses	
Autoimmune illnesses	
Physical trauma/injury with long-term effects	
• Sensory deficits (eg hearing loss, visual disturbances or loss)	
Other medical condition(s)	
If YES please give details	
The Cancer Society is totally smoke free and vape free at all times.	YES / NO
Can you uphold and adhere to this policy?	
The Cancer Society works with people who may be seriously unwell – do you have personal experience or with friends or family with a long-term condition or a debilitating illness?	YES / NO
If YES please give details	
Cancer Society work can be stressful, please give examples of your personal coping strategies.	

AVAILABILITY	
Do you have any restrictions on your availability to work (<i>eg cannot work on Mondays, only available for half days, only want part time not a full time role, working around another job</i>)? If YES, please give details	YES / NO
If offered this position, do you intend to engage in any other Paid or Voluntary work? If YES, please give details	YES / NO
Are you a member of any <u>designated voluntary service organisation</u> (eg territorials, search and rescue, rural fire service etc) <i>this is asked so we can release you from work when needed</i> If YES please give details	YES / NO
Are you a member of any <u>community voluntary service organisation</u> (eg Lions, Rotary, Masons, etc) <i>this is asked so we do not put you in a conflict of interest situation</i> ? If YES please give details	YES / NO
Are you prepared to very occasionally work out of normal work hours, if required (eg Relay For Life weekend)?	YES / NO
Do you have any existing personal / religious / social / sporting / family, or other commitments, that could be a conflict of interest or that could make it difficult for you to fulfil the role whether continually or from time to time? (eg childcare arrangements, Sabbath, midweek football - if we know, we can work around it) If YES please give details	YES / NO

SENSITIVE INFORMATION DISCLOSURE	
The Cancer Society works with vulnerable people – honesty and disclosure are essential for us t associated with potential staff members – some issues that are largely historical may not be co	•
Have you, at any time taken, action against a current or former employer in order to resolve an employment dispute including personal grievance action or other employment relationship problem?	YES / NO
If YES please give details	
Have you ever been convicted of a criminal offence or have any charges pending?	YES / NO
If YES please give details	
Have you ever been charged / convicted / judgement pending / court rulings / disciplinary hearing / censured in any of the following: Traffic court, Civil court, Bankruptcy, Professional disciplinary, Competency or mental capacity rulings?	YES / NO
If YES please give details	
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Have you ever been subject to any restraint order – trespass notice, DV Restraining order, commercial restraint of trade, prohibited from practice?	YES / NO
If YES please give details	
If offered this position, do you agree to authorise the Cancer Society to obtain a copy of any	YES / NO
information held on you by the Department of Courts / NZ Police?	
If offered this position, do you agree to authorise the Cancer Society to obtain a copy of any	YES / NO
information held on you by any Registering Board or Authority?	

CAPABILITIES	
Do you have a current and <u>full</u> New Zealand Driver's License?	YES / NO
Driver's Licence Restrictions:	
Driver's License Number:	
How would you rate your overall computer skills? (eg Excel, Word, Databases)	123
1 = beginner, 2 = intermediate, 3 = advanced	
Please describe:	
Do you have any other skills or abilities not already described in this application?	YES / NO
Please Describe	

SHORTLISTING and INTERVIEWS		
Is there any matter that could be material to your application or that we should be made aware of that you do not wish disclosed in writing, but will discuss with the Cancer Society at an interview in a confidential discussion/disclosure? For the purposes of this form, you only need to answer YES or NO; no other details need to be disclosed except at interview		YES / NO
If you are offered this position, when could you start employment?		
What would your hourly rate expectation be for this position?	\$	
Do you have any plans / events / holidays that could affect a start date or within the first 3 months? <i>eg holiday, wedding, training course</i>		YES / NO
If YES please give details		
As part of our commitment to the Tiriti o Waitangi (Treaty of Waitangi) we invite applicants who are short listed for interview to bring whānau or support people to the interview.		YES / NO
If you are selected for an interview, do you wish to bring whānau /support people with you?		
If YES, approximately how many (so we ensure that sufficient space is	available)	

REFEREES

Please supply the names, relationships, and contact details of three (3) people who we can contact as your referees who can speak to your skills, experience, capabilities.

At least 2 of these must be people you have **reported directly** to eg Manager or supervisors.

1)	
2)	
3)	
I consent to Cancer Society seeking verbal or written information about me from representatives of my previous employers and/or referees and authorise the information sought, to be released.	YES / NO
(We will only contact referees if you are short listed for the position).	

DECLARATION	
l,	_ (full name)
Declare that to the best of my knowledge, the answers to the questions in this application are correct and were completed by me. I understand that if any false or misleading information is given, or any material fact withheld, I may not be accepted or considered for the position. AND if I am employed, and any aspect of this application is found to be false or misleading or if there are omissions that could be material to my employment, there will be disciplinary action up to and including immediate dismissal.	
Signature	Date