



Friends of Baby Loss NZ Volunteer Application Form

Title of Position applied for:	
Surname or Family Name:	
All other names:	
Preferred Name:	
Contact address:	
Contact Phone Number: Day: Mobile	
Email Address:	

Where did you learn of this vacancy first? (please mark only one)	
Facebook	Newsletter
Newspaper	Website
Other, please state	

Are you either a New Zealand Citizen or permanent NZ resident?	
Yes	No

If not, do you have a current New Zealand work permit?	
Yes	No

If you have a work permit, please state when it started and when it expires:	
Started: DD/MM/YY	Expires: DD/MM/YY

Referees

May we contact two referees prior to an interview?	
Yes	No

1 st Referee	
Name:	
Contact Phone Number: Day: Mobile	
Email Address:	
How you know this person:	

2 nd Referee	
Name:	
Contact Phone Number: Day: Mobile	
Email Address:	
How you know this person:	

Health

Do you have, or have you ever had, a medical condition caused by an injury, disability or gradual process that the tasks of the vacancy you are applying for may aggravate or contribute to, or that may affect your ability to carry out the work of the vacancy you are applying for?	
Yes	No
If yes, please elaborate:	

Are there any ways in which can provide health-related assistance to enable you to perform the work of this position more effectively?	
Yes	No
If yes, please elaborate:	

Convictions

Do you have any traffic offences or criminal convictions including any charges pending [but not including any concealed under the Criminal Records (clean slate) Act 2004 e.g.
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convictions over 7 years old not resulting in a custodial sentence etc]?

Refer to website www.justice.govt.nz/privacy/clean-slate.html if you are unsure.

Yes

No

If yes, please elaborate:

The position that we are considering you for may require a criminal history check, security clearance and/or qualification verifications. If this is the case, do you consent to these checks being undertaken?

Yes

No

Declaration

I certify that the information I have provided is correct. I understand that any incorrect, misleading or omitted information may disqualify me for appointment, or if I am appointed, make me liable to be dismissed.

Information Disclosure

In accordance with the Official Information Act 1982, The Privacy Act 1993, and the Employment Relations Act 2000, I authorise BABY LOSS NZ to use the information I have provided for the appointment process, and if necessary by any relevant party undertaking a review of appointment process.

Signed _____

Name _____

Date _____