

Application Form

Other – please specify

Personal Information							
Position Applied For: (the position)							
Legal Surname:							
Legal First name:			Pro	eferred Name:			
Postal Address:							
Email address:							
Contact Number:		()					
Are you legally entitled to work in NZ?		Yes No	If you are legally entitled to work because you have a permit, please indicate when that permit expires. If successful with your application, we will request a copy of your work permit.		expires.	Expiry Date:	
Salary Expectati	ons for this position:	\$					
Manatū Wāhine Ministry for Women (the Ministry) operates in a sensitive environment; as such we carry out background, qualifications checks, and CV verification on potential employees. The Ministry engages CV Check to undertake these checks on our behalf. The information provided may be considered in determining suitability of employment with the Ministry.							
How did you first hear about this position?							
	Seek						
	Govt.jobs						
	LinkedIn						
	Kumara Vine						
	Mahi						
	Trade me						
	Word of mouth						
	Other – please specify						·

No
No
No
)

Conflict of Interest - Please declare any conflicts of interest. If in doubt, declare it anyway. Please give as much detail as possible. (e.g., I have a secondary job, the role requires me to work with a supplier for a company I have shares in, my wife is the Hiring Manager) What constitutes a conflict of interest? Examples: Financial interests in a supplier A reporting relationship with someone who you have a personal relationship with Anything that may make it look as though you would not be impartial **Dual reporting lines** Essentially, having competing interests or the appearance of competing interests Do you have any perceived potential or actual conflict of interest that could impact your work with the Ministry? Yes No If yes, please declare these: Conflict/Disclosure Category: Name of other party: Details - include number of shares if applicable: I agree to contact the Ministry immediately to disclose any perceived, potential, or actual conflict of interest during the recruitment process. (Please note Date Signature that this will not invalidate your application but will be taken into consideration) Referees: Please provide two referees we can contact *Please note in line with the Public Service Workforce Assurance Model Standards, one of your referees should be your last direct line manager Name: **Company & Position** Working relationship: **Contact Phone Number:** Name: **Company & Position Contact Phone Number:** Working relationship:

Have you worked in the public sector in	the past 3 years? *			
I agree to contact the Ministry immediately to disclose any investigations during the recruitment process. (Please note that this will not invalidate your application but will be taken into consideration)	Do you consent to the disclosure to Manatū Wāhine Ministry for Women of whether you have been subject to a serious misconduct investigation, either concluded and upheld or currently under investigation, from all previous Public Service and statutory Crown entity employers for the last three years? Should you be selected as the preferred candidate, your response will be checked with your previous employer(s) at that stage. We will not conduct this check prior to you being selected as the preferred candidate.			
	☐ I consent			
	☐ I do not consent (your appli	cation will not be progressed)		
	☐ I would like to discuss befor	e the serious misconduct check is undertaken		
	□ N/A (I have not worked in the	he public sector in the last 3 years)		
	Signature	Date		
Privacy Statement				
- · · · · · · · · · · · · · · · · · · ·		ial including any interview and screening information, will be held plication for employment. If you are successful, this information		
Declaration				
I confirm that.				
I understand and agree that failure to	or certified copies of any relevan provide relevant information th ified from appointment or that th	t qualifications I have declared in my application. at has been sought, or if incorrect or misleading is may be grounds for dismissal from the Ministry if		
If you have any questions about this process or wo	uld like any assistance, please con	tact us by email at recruitment@women.govt.nz		
Candidate's Signature:		Date:		

Please refer to the next page to complete Diversity information.

Diversity Information	n						
Diversity Statement:	We feel that attract success and growth. demographics of ou	ing, engaging, and fo Completion of diver r overall candidate p r response to these q	ostering employees from Sity related questions Sool and is not conside	om different is not comp ered for you	e work force that leverages t backgrounds and cultures oulsory. The information wi r application for employme rou do not wish to provide to	is critic II be us nt, or s	al to our continued ed to report on the hared with the
Date of Birth:	Please enter your da range of applicants.	ate of birth. NOTE: th	is is NOT visible to hir	ing manage	ers, HR use this to check we	are rea	aching a diverse
Gender:	☐ Female /	Wāhine 🔲	Male / Tāna		Other gender / He ira ke ano		I prefer not to answer this question
Preferred pronoun:		She/her/hers					
		He/him/his					
		They/them/their					
		Pacific Peoples (e.g., Cook Island Māori, Samoan, Tongan, Nieuan, Tokelauan, Fijian) European (NZ, Other European, British, Irish, Australian, German, Italian, Polish, Dutch, Greek) Asian (Chinese, Indian, Filipino, Cambodian, Vietnamese, Sri Lankan, Japanese, Korean) MELAA (Middle Eastern, Latin American, African) Do not wish to specify Other ethnicity – please specify					
	FOR OFFICE USE ONLY						