



Otago uni **students'** association

Please download, complete and save a copy of this form and include a with your application

APPLICATION FORM

This application form ensures that we receive a standard set of information from all applicants for positions with the Otago University Students' Association Incorporated. Pursuant to the Privacy Act 1993, the information supplied shall be used for the purpose of assessing the applicant's suitability for the position applied for.

OUSA is an equal opportunity employer and recognises and has a commitment to the principles of The Treaty of Waitangi.

Please complete this form. *If there is insufficient space to record your answers please attach additional pages.*

Position applied for

Your Personal Details

Name:

First Name(s)

Last Name

Address:

Telephone:

Cell:

Email:

Your Health and Safety

Have you had or do you have any medical problems or disabilities (e.g. gradual process, back injury or strain, loss of hearing) which may affect your ability to carry out your work duties?

Yes

No

If yes, please specify:

Are you comfortable providing confirmation that you are fully vaccinated against COVID-19?

Yes

No



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Your Legal Entitlement to Work

Are you a NZ Citizen/Permanent Resident or Australian Citizen? Yes No

If not, do you have a current Work Permit? Yes Expiry Date:

No

Criminal Convictions

As an organisation based at an educational institution Association employees are often placed in positions of trust. We therefore request you answer the following questions.

Have you ever been convicted or discharged without conviction as a result of criminal charges in New Zealand (excluding those convictions protected from disclosure by the Criminal Records [Clean Slate] Act 2004) or any other country?

Yes No

Are there any charges pending against you?

Yes No

If you answered "Yes" to either or both of the above questions, please provide details.

Authorisation

If successful when can you start?

I authorise the Otago University Students' Association Incorporated to contact my named referees to assist in assessing this application.

Yes No

Declaration

I certify that the answers provided in this application are correct. I understand that incorrect, misleading or omitted information may disqualify me from appointment, or if appointed, shall make me liable for dismissal.

Signature

Date