**Youth Coach**

**Application Pack**

Application’s close:

Applications should be emailed to:

**Tere Lenihan (Manager)** [**terel@waisct.org.nz**](mailto:terel@waisct.org.nz)

Or

**Timeline:**

**Applications immediate commencement**

**Successful Applicant commences duties *Immediate start***

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| Your cooperation in completing this application form comprehensively will assist us to recruit suitable people and to enable us to achieve our vision.  This application form and supporting documents will be held by Wairarapa Safer Community Trust for the purpose of determining your suitability for employment.  If you are the successful applicant, your application form and supporting documentation will be retained securely on your personal file. You may access it in accordance with the provisions of the Privacy Act 1993. |

**IMPORTANT NOTES FOR APPLICANTS**

Please ensure you have a copy of the job description before completing this application.

1. Please fully complete this form personally. Answer all questions and make sure you sign and date where indicated on page 7 (this is required subsequently if applying electronically).
2. All details required on Police Vetting check including Date of Birth
3. Full Driver’s License details including License Number required.
4. Attach a **Curriculum vitae (CV)** containing any additional information. If you include written references, please note that Wairarapa Safer Community Trust may contact the writers of these references in addition to the other referees provided in the application form.
5. Referees must include current employer contact details.
6. Copies only of qualification certificates should be attached. If successful in your application, you will be required to provide originals as proof of qualifications.
7. Shortlisted applicants will be required to give consent to a Police check. This is because the Wairarapa Safer Community Trust deals with people in vulnerable situations and has a duty to ensure potential employees have maintained personal standards of conduct and behaviour that do not compromise the integrity of the programme.
8. If you are selected for an interview you may bring whanau/support people at your own expense. Please advise in advance if this is your intention.
9. Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or appointment being terminated if any information is later found to be false.

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| APPLICATION FOR APPOINTMENT |

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| **Position applied for:**  **Social Worker** |  |  |

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| **Tick one** | | | |
| Mr | Mrs | Ms | Miss |

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| Or other preferred title: | |
| **Surname/family name** | **First names (in full, include any preferred name)** | |
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| **Full postal address** |
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| **Contact details (telephone, fax, email)** | |
| Private  Business:  Mobile: | Fax:  Email: |

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| **Please tick the appropriate boxes:** | | |
| Are you a New Zealand citizen? | Yes | No |
| If not, do you have resident status, or | Yes | No |
| A current work permit? | Yes | No |

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| Have you ever had a criminal conviction?  Click to see note:  or refer to page 2 note 4. | Yes | No |
| If “Yes” please detail:  ***Please Note:*** *This position involves the care and protection of children or young persons and this organisation has recruitment policies in place that requires a stringent Vetting process to occur and aligns with the Vulnerable Children’s Act 2014.* | | |
| Have you ever received a police diversion for an offence? | Yes | No |
| If “Yes” please detail: | | |
| Have you been convicted of a driving offence which resulted in temporary or permanent loss of licence, or imprisonment? | Yes | No |
| If “Yes” please detail: 1 | | |
| Are you awaiting sentencing/currently have charges pending? | Yes | No |
| If “Yes” please state the nature of the conviction/cases pending: | | |
| Are you known, or have you ever been known, by any name other than those stated above? | Yes | No |
| If “Yes”, please list them: | | |
| In addition to other information provided are there any other factors that Wairarapa Safer Community Trust should know to assess your suitability for appointment and ability to do the job? | Yes | No |
| If “Yes”, please elaborate: | | |

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| Have you had any injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome, psychological illness or repetitive strain injuries, which the tasks of this job may aggravate or contribute to? | Yes | No |
| If “Yes”, please detail: | | |
| Do you have a current **FULL** driver’s licence? Yes  No  **Driver’s licence number**: | | |

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| **Educational qualifications**: |
| * Please state your last secondary level qualification(s) and when it was obtained: * Please state your tertiary level qualification(s) (include details of all relevant qualifications – the name of the course, where you studied. * Please state any other relevant qualification(s) and when they were obtained: * Please state any other relevant courses that you attended applicable to this position. |

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| **Educational Qualifications:** | **Where Studied** | Year **Completed:** |
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| **Employment history** | | | |
| Please outline your most recent employment history, beginning with current or latest employment. | | | |
| **Period worked** | **Employer’s name** | **Position held** | **Reason for leaving** |
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| Referees | | | |
| 1. *Please provide the names of three people, who could act as referees for you,* **referees must include current employer or last employer contact details.**   *Please note that Wairarapa Safer Community Trust will contact some or all of the referees provided by you.* | | | |
| **Name** | **Address** | **Telephone** | **Relationship (eg, supervisor)** |
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| Do you agree to these referees being asked to nominate other persons who might assist in assessing your application?  If **Yes**, please note that *Wairarapa Safer Community Trust* will contact these persons. | Yes | No |

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| I certify that the information I have supplied in this application is true and correct. I understand that if I have supplied incorrect or misleading information, or have omitted any important information, I may be disqualified from appointment, or if appointed, may be liable to be dismissed. |

Signature Date