**ICHC, *Te Kaunihera Whakawhanaunga o ngā Minita Hōhipera, Hauora***

186 Willis Street Sixth Floor

PO BOX 6427, WELLINGTON 6141

Phone: 04 801 8008

Email: admin@ichc.org.nz

**Application Form for Hospital Chaplaincy Staff**

**Palmerston North Hospital, Te Whatu Ora Mid Central**

**Position Applied For:**

**Part-Time 0.8 FTE Hospital Chaplain**

**Personal Details**

First Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Ordination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Denomination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach a letter of Good Standing from your Church Authority.

Cultural affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Details**

Postal address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skype Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (name, relationship, land line, mobile phone):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Ministry Qualifications / Experience:**

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**Education Qualifications:**

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**Any other qualifications or experience relevant to this position:**

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**Reasons for seeking this position:**

*(Continue on additional pages if necessary)*

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**Previous Employment History (as applicable):**

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**I give my permission for the ICHC to obtain references from my previous employer(s):**

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Employers:**

***Referee 1:***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Referee 2:***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I give my permission for the ICHC to obtain references from the following people:**

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note:** Relatives or friends should not be Referees.

***Referee 1:***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Referee 2:***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hobbies and Interests:**

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**Statement of Health:**

Do you or have you suffered from any illness or injury which might make it difficult for you to carry out the usual duties of a Hospital Chaplain?

Yes / No

If yes, please specify

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The role that you are applying for is one that may only be performed by a person who has been vaccinated against Covid-19. It is therefore a condition of this application that you are vaccinated against Covid-19. As a person working in the health and disability sector you will come into contact with a large number of people, some of whom may be vulnerable. Without a vaccine, there is the risk that you may contract Covid-19. The requirement to be vaccinated is to keep you safe and also to endeavour to protect others against the potential transmission of Covid-19 as a result of you contracting it in the course of your employment.

Have you been vaccinated against Covid 19 with at least two vaccinations and one Booster, and will you share your vaccination details with ICHC if you are appointed as a Hospital Chaplain?

Yes / No

**General information:**

|  |  |
| --- | --- |
| Do you possess a current full driver's licence?  | Yes / No  |
| Do you have a current license to minister from your denomination? If yes, please attach a copy.   | Yes / No  |
| Have there been any sustained professional complaints against you?  | Yes / No  |
| Have you had any criminal convictions? (If yes give details below)  | Yes / No  |
| Have you any charges or complaints against you pending?  | Yes / No  |
| Are there any potential grounds for such a case to be brought against you?   | Yes / No  |
| Have you read the job description for the position of Hospital Chaplain?  | Yes / No  |

**Is there anything else that would be valuable for us to know about you?**

*(Use an extra sheet if necessary)*

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Does ICHC have your authority to seek information about your application from your Denomination or Church authority?

Yes / No

If you are successful with your application, when would you be available to start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The material on this form may be discussed with you at an interview.

**NB. 1**. If you are not already a Hospital Chaplain or Volunteer Chaplaincy Assistant with ICHC you will be required ***to satisfactorily complete*** *a* Police clearance procedure **BEFORE** you could commence in the role.

The information below is required as part of the New Zealand Police Vetting process.

If “Children/Youth” is one of the groups that the applicant will have contact with in their role as an Ecumenical Hospital Chaplain, please provide the following information:

1. A chronological summary of their work history for the preceding five years;
2. The name of any professional organisations that the person is a current member of, if relevant to their employment;
3. Any licencing authority that has issued a current licence to the purpose for the carrying on of a particular activity, if relevant to the person’s employment;
4. Any registration authority that has issued a current registration or practising certificate to the person for the carrying on of a particular activity, if relevant to the person’s employment;
5. The name of at least one referee who is not related to the person nor part of the person’s extended family; and
6. Other information that may be relevant to the risk assessment.

Are you willing to complete a consent form so ICHC can seek a clearance from

the NZ Police Vetting Service? Yes / No

I certify that the above statements are true and complete.

**Signed:** **Date:**

This information will be treated in accordance with the requirements of the Information and Privacy Code 1993. Should you be successful in your application it will be kept on file and be available to you on request.