

**Employment Application Form**

**Optional to fill out:** Questions 1 until 5. If you do not fill out the questions, please send your motivational letter/cover letter instead

**Mandatory to fill out:** Number 6 and 7

**CBM welcomes applicants from diverse backgrounds and people with lived experience of disability.**

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| 1. What motivates you to apply for this job? A summary, like your **cover letter**. |
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| 2. Experience & Knowledge |
| Please look at the **essential and desirable requirements** in the Person Specification, and the **main tasks of the role.** In this section, please detail your relevant skills, knowledge, experience and competencies that demonstrate that you are a suitable candidate for this role. |
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| 3. Skills/Competencies/Personal Qualities |
| Please look at the **essential and desirable requirements in the Person Specification**, the main tasks of the Role, and list details of any Skills/Competencies/Personal Qualities you may consider to be relevant. **Please also indicate if you have high volume cataract experience.** |
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| 4. Qualifications, training and education |
| Please list details of any qualifications, training and education ***relevant*** to this position and the **essential and desirable requirements**. |
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| 5. Our Values |
| Please visit our website <https://www.cbmnz.org.nz> and take a look at our Values statement. In brief, please share with us how you relate to these values and might contribute to them within this role. |
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| 6. References  Please give the name, address and telephone number of three referees (only one of which is personal) who can broadly represent your professional work and personal interests. This should include your current or most recent employer such as manager, HR, or senior members. This can also include voluntary posts. |
| **1.Name of Referee and relationship to you:** |
| **Email:**    **Tel:** |
| **Can we contact this referee now?**  **Yes  No ** |
| **2. Name of Referee and relationship to you:** |
| **Email:**    **Tel:** |
| **Can we contact this referee now?**  **Yes  No ** |
| **3. Name of Referee and relationship to you:** |
| **Email:**    **Tel:** |
| **Can we contact this referee now?**  **Yes  No ** |

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| 7. Declaration |
| The information on this form will be used for recruitment and selection purposes only and if your application is successful, it will form part of your employment record. All unsuccessful applications will be destroyed six months after the closing date for positions advertised. If it is discovered that you have given any information, which you know to be false, or with hold any relevant information, your application may be rejected or any subsequent employment terminated.  I confirm that the information contained in this application form is correct.  Signature …………………………………………………………………….Date…….................................. |