

**AUTHORISATION FORM**

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| --- | --- | --- | --- |
| **NAME** |  | **DOB** |  |

**1. AUTHORISATION TO ACT & OBTAIN INFORMATION**

I authorise Medacs Healthcare to act on my behalf for the purposes of seeking employment for me. In representing me you are authorised to obtain and present to prospective employers my credentials and curriculum vitae and any other information you consider relevant. I confirm that this authority is a clearance from any claims I may have under the Privacy Act 1993. I acknowledge that you are not my agent for any purpose other than that set out above.

We will collect and process the personal data you provide to us in your application, (as defined under the National Privacy Principles/Privacy Act 1993 (NZ)), which may include sensitive personal data, for the purpose of carrying out our business of supplying permanent employees to Clients. We may also collect personal data about you from third parties, such as referees and third party agencies, in order to verify information such as professional qualifications and educational background. We may disclose your personal data to Clients for the purposes of finding you employment with our clients. The disclosure of your personal information may be to overseas clients. By signing this form, you hereby consent to us collecting and processing your personal data and disclosing this data to Clients and other relevant third parties for the purposes outlined above. You understand and expressly agree to your personal data being transmitted to Clients and third parties outside New Zealand. If you terminate this contract or enter into new terms of engagement with a different organisation, in circumstances where you continue to work for the same Client, we may disclose your personal information to the new organisation at the Client’s request.

In the event of an employer requests to carry out a police check, do you agree that such check can be made? (Please tick as appropriate) **YES  NO**

**2. DECLARATION**

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| --- | --- |
| Health / Disability | I have no disabilities, injuries or medical conditions, which may recur and/or affect my ability to work  apart from those stated in the Health Questionnaire Form. |
| Previous dismissals | I have not been dismissed from previous employment for reasons which could bring into question the  suitability of my employment. |
| Convictions | I have not been convicted of, nor have charges pending, relating to any criminal offences which could  bring into question the suitability of my employment. |
| Information Provided | I declare that the information supplied by me in my CV and any other documentation is true to the best  of my knowledge and accept that a false declaration of failure to disclose relevant information could result in my immediate dismissal if appointed. |

**3. REFERENCE AUTHORISATION**

I give my permission for Medacs Healthcare and the prospective employer to contact my nominated referees.

***Please note: both referees must hold a position that is senior to yours, and at least one of the nominated referees must be a person to whom you report (manager) in your current position.***

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| **REFEREE 1:** | | **REFEREE 2:** | |
| **Name** |  | **Name** |  |
| **Position/Relationship to you** |  | **Position/Relationship to you** |  |
| **Hospital** |  | **Hospital** |  |
| **Address** |  | **Address** |  |
| **Work Phone** |  | **Work Phone** |  |
| **Home Phone** |  | **Home Phone** |  |
| **Email** |  | **Email** |  |

I        have completed this form for Medacs Healthcare. The above information is correct as far as I am able to confirm at the date of signing. I understand that knowingly giving false information will disqualify me from Medacs Healthcare and terminate my application.

**Name:**

**Signed:**        **Date:**

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**Updated: 23**/08/2011 **Next Update**: 23/08/2012 **Authorised By:** Managing Director