

THE GOOD COMPANION

(Companions New Zealand Ltd)

CONTRACTOR APPLICATION FORM

Please complete (PRINT), sign and return with any attachments to
THE GOOD COMPANION, PO Box 36401, Christchurch.

PERSONAL AND CONTACT INFORMATION

Full name	
Date of Birth	
Address	Home Telephone
	Mobile
	Email
Please indicate which is the best contact method for you:	<input type="checkbox"/> Mobile <input type="checkbox"/> Home Telephone <input type="checkbox"/> Email
Emergency Contact/Next of Kin	
How did you hear about The Good Companion?	
Do you have a driving licence and use of a car for work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any medical condition that could affect your ability to be a caregiver?	<input type="checkbox"/> Yes – please provide details on separate sheet <input type="checkbox"/> No
Are you legally entitled to work in New Zealand?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold a current First Aid Certificate? If yes, please attach copy. You will need to obtain this certificate if your application is successful.	<input type="checkbox"/> Yes – copy of certificate attached <input type="checkbox"/> No

EDUCATION AND TRAINING

Please list all formal education and training plus qualifications gained;
please use a continuation sheet if necessary:

Date:	Name of School, College, other educational institution:	Subjects studied and Qualifications gained:

Please supply any additional information that may support your application. This could include voluntary work you have undertaken, caring for family members, etc. Please use a continuation sheet if necessary.

EMPLOYMENT AND REFERENCES

Please supply the **name, address and telephone contact** of TWO previous/current employers, approximate dates worked, (eg Jan to Dec 2003) and your role with them, (eg care giver). Please provide **name, address and telephone contact** for additional referee(s) who have known you for more than 2 years.

Employer 1	Dates worked: Role:
Employer 2	Dates worked: Role:
Character Referee:	
Character Referee:	

DECLARATION

I declare that all the information I have given is true and that any false or misleading information may result in termination of contract with THE GOOD COMPANION (COMPANIONS NEW ZEALAND LTD):

NAME: _____
(please print)

Signature: _____

Date: _____

