### **APPLICATION FORM**

Te Tūao Tāwāhi Volunteer Service Abroad

<b>APPLICANT'S NAME</b>					
<b>APPLICATION DATE</b>					
If you are applying for a specific job, it is essential that you read the full assignment description. You can download a copy from the VSA website.					
Complete the details below if	you are applying for a specific job.				
JOB COUNTRY JOB NUMBER					

### INSTRUCTIONS

If you decide not to complete this form electronically, you can print a copy and handwrite your application.

Answer all questions – enter 'N/A' if the question is not suited to your application.

## **CURRICULUM VITAE**

We require a CV as part of this application. If you do not have a CV please let us know and we can send you guidelines including a template. If sending additional documents by post, such as references or academic transcripts, please ensure that they are not originals. It is not VSA's policy to return applications, CVs, or original documents.

### SUBMITTING APPLICATION

You may submit this application via: **Email**: volunteer@vsa.org.nz

Post: Volunteer Recruitment Unit Volunteer Service Abroad

PO Box 12246 Wellington 6144 New Zealand



01. NAME					
Surname					
Legal first names					
Usual first name					
Previous surname (if applicable)					
Date of birth			Male 🗌	Female	
02. ADDRESS					
PRESENT ADDRESS	E-mail				
	Phone				
	Mobile				
PERMANENT ADDRESS (if di	fforont)				
PERIMANENT ADDRESS (IF OI	E-mail				
	Phone				
WORK					
WORK	E-mail				
	Phone				
May we (with discretion) telephon	e and/or e-mail you at we	ork?		YES	NO 🗌
03. OCCUPATION / PROF	ESSION				
03. GGGGI ATIGIT I KOL	LOGION				
04. NATIONALITY					
IMPORTANT: To be cligible to	annly for VCA you m	uet be eur	ممادرال برائمي	in Now Zool	
IMPORTANT: To be eligible to be a New Zealand citizen OR					
If you are unsure whether you qu					
Country of birth					
Country of citizenship					
Date of arrival in New Zealand					
Are you currently living in New Ze	aland? You must be living	in NZ to be e	ligible for VSA	YES 🗌	NO 🗌
If not of NZ or Australian national				YES 🗌	NO 🗌
Do you have a valid passport?				YES	NO 🗌
Passport expiry date					

# 05. NEXT OF KIN

# PERSON THROUGH WHOM YOU CAN ALWAYS BE CONTACTED

Name	Relationship
Address	Dhone
	Phone
	Mobile
	E-mail
06. PERSONAL STATEMENTS	
When and how did you first become aware of VSA?	
What brought this VSA assignment to your attention	resulting in this application? (Please specify if not listed)
VSA website SEEK.co.nz	Word of mouth (specify below)
VSA recruitment email NZ Herald Jo	
VSA e-newsletter Facebook	Other publication (specify below)
Newspaper advert Twitter	
Have you travelled or lived outside New Zealand? G	ive details.
Have you worked with people of cultures other than y	our own? Give details.
Have you ever been convicted in a court of law or su police or a professional association?	bject to investigation by the YES NO
If 'yes', please send details in a separate attachment not preclude full consideration of your application.	marked 'Legal and confidential'. This information will
Please note: for immigration purposes the Crimin We need to know about any convictions, including	nal Records (Clean Slate) Act 2004 does not apply.
•	·
Do you hold a current drivers licence?	YES NO

7. HEALTH

VSA volunteers are required to have medical clearance before their assignment is confirmed. You should discuss any existing health issues or concerns during the selection process. A disability or health problem will not preclude full examination of your application.	
Please specify any past or present serious/recurring illness, major surgery, or disability, and give brief details (e.g. heart, respiratory ailments, cancer, back problems, diabetes, epilepsy, allergies, psychiatric or psychological illness etc.)	
8. TIMING	
When are you available to begin work with VSA? What factors affect this?	
9. ETHNICITY	
THE INFORMATION REQUESTED BELOW IS FOR STATISTICAL PURPOSES ONLY AND WILL NOT BE TAKEN INTO ACCOUNT IN ANY ASSESSMENT OF YOUR SUITABILITY TO BE A VSA VOLUNTEER.	
Please tick the box that most closely describes the ethnic groups with which you identify most.  Pakeha	
10. FAMILY	
PARTNERS	
Short term assignments six months and under are on a single status basis only, for cost reasons. Long term assignments six months and over VSA welcomes applications from people who are part of a couple when both, or just one, are applying to be volunteers. All partners will be required to attend selection interviews. Partners who wish to accompany the candidate on a VSA assignment will be required to complete a volunteer application form.	
Do you have a partner?	
If yes, what is your partner's name?	
What is their relationship to you?  Do they intend to accompany you on assignment?  YES NO	
If no, will they visit you for a short time while on assignment?  YES NO	
Has your partner sent in an application form?  YES NO	
IF YOUR PARTNER PLANS TO ACCOMPANY, THEY WILL ALSO NEED TO COMPLETE AN APPLICATION FORM.	
CHILDREN	
VSA DOES NOT POST FAMILIES WITH DEPENDENT CHILDREN.	
Do you or your partner have dependant children? YES NO	

If yes, then please complete the details below.	
NAME	DATE OF BIRTH
11. ADDITIONAL SKILLS	
	equired by your employment), such as computer skills, cal maintenance skills, nursing, gardening, motor aphy, sewing.
Please list any languages that you speak in addit	ion to English, and indicate your proficiency.
12. RELIGIOUS DENOMINATION	
What religious denomination are you (if any)?	
Are you an active member? YES	」 NO □
13. ADDITIONAL	
le there enything also you think sould be of releve	ance to this application? Places alpharate
Is there anything else you think could be of releva	апое то инъ аррисацоня пеаъе егарогате.
·	

### 14. REFEREES

Please nominate FOUR people, other than close relatives, whom VSA may ask for a reference. At least one should be a recent employer, one should be someone who has worked with you, and two should be people who know you well. Explain why you have nominated them. We often take up references at short notice, so it is best if your referees are people we can get in touch with easily.

- Give full details, including daytime and mobile phone numbers.
- Please provide an **email** address for each referee.

NOTE: IF WE SHORTLIST YOU FOR AN INTERVIEW, WE WILL CONTACT YOUR REFEREES STRAIGHT AWAY. WE MAY NOT CONTACT YOU BEFORE DOING SO.

I. EMPLOYER				
name position				
e-mail				
laytime phone number mobile phone number				
When were you employed/supervised by this person?				
2. COLLEAGUE (PRESENT OR PREVIOUS)				
Name occupation				
e-mail				
laytime phone number mobile phone number				
How do they know you?				
3. FRIEND/COLLEAGUE				
name occupation				
e-mail				
daytime phone number mobile phone number				
How do they know you?				
I. FRIEND/COLLEAGUE				
name occupation				
e-mail				
daytime phone number mobile phone number				
How do they know you?				
5. DECLARATION				
The statements made in this application form are true and complete to the best of my belief.  Name Date				

# BEFORE SENDING THIS FORM, PLEASE MAKE SURE THAT YOU HAVE:

<ul> <li>ANSWERED ALL THE QUESTIONS ON THE FORM.</li> <li>COMPLETED REFEREE DETAILS INCLUDING EMAIL ADDRESSES</li> <li>ATTACHED YOUR CV AND ANY ADDITIONAL INFORMATION YOU REFER TO</li> <li>ENTERED YOUR NAME AND THE DATE</li> </ul>	
WHEN COMPLETED, PLEASE RETURN THIS FORM TO:  Email: volunteer@vsa.org.nz	Contact Details Physical Address: 32 Waring Taylor Street Wellington
Post: VSA P O Box 12246 Wellington 6144 New Zealand	Telephone: +64 4 472 5759 Fax +64 4 472 5052

### **VOLUNTEER SERVICE ABROAD PRIVACY STATEMENT**

The information that you provide on this form is covered by the Privacy Act 1993, and will only be used for recruitment and selection purposes.

Website: www.vsa.org.nz

The information you give will be held by Volunteer Service Abroad. All information provided will be kept secure.

You have the right of access to personal information and to seek any correction you think necessary to ensure accuracy.

Failure to supply information could limit our ability to assess your suitability as a volunteer.