



Unit 6D, Washington way
PO Box 4544 Christchurch 8140
NEW ZEALAND
+64 3 353 0705
www.cyt.org.nz

APPLICATION FOR 2018 MISSION TEAM

Dear Applicants

Attached is an application form that you are required to personally complete.

The application form is a source of information that will be used by the Manager and staff of the Catholic Youth Team to assist us in considering your suitability for the 2018 Mission Team. Failure to supply the information requested may affect our ability to assess your suitability for the position.

Following completion of this application and appointment process, information relating to the successful team members shall form part of the Catholic Youth Mission Team personnel records and will be held securely in the Manager's office.

Information relating to unsuccessful applicants will be destroyed upon finalisation of the appointment. The above information is provided in accordance with the Privacy Act 1993.

A. Personal Information

Full Name: _____
(Surname) (First Name(s))

Address: _____

Telephone: _____
(Private) (Mobile)

(Email)

Date of Birth:

Legal Work Status:

Are you legally entitled to work/ study in New Zealand YES NO

Do you have a current passport? YES NO

Which type of Driver's Licence do you possess? _____

Where appropriate, please attach evidence of eligibility to work/ study in New Zealand





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B. Academic Qualifications

Catholic Qualifications Obtained:

Educational Qualifications Obtained:

C. Current Situation

Position: _____ Employed: _____

School: _____ Years: _____

For the purposes of compliance with the Privacy Act 1993, do you consent to the Catholic Youth Team contacting your present employer or school for the purposes of reference checking?

YES NO

D. Current Country of Residence

New Zealand Other _____ please specify

Are you legally entitled to work/study in New Zealand? **YES NO**

D. Suitability for Position

Describe your **personal strengths, talents and past experiences** that would demonstrate why you should be considered as a member of the Catholic Youth Mission Team.



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E. Health

Do you have any current or long term health issues or conditions? **YES** **NO**

If YES to either questions please specify:

F. Criminal Convictions or Charges

Have you ever been convicted of any criminal offence (including traffic offence)? **YES** **NO**

If YES, please give details and note that you may be asked to provide a copy of the relevant court records.

Are you currently awaiting the hearing of any charges? **YES** **NO**

The Catholic Youth Mission Team reserves the right to contact authorities to verify any claim made.

G. Referees

Please provide names, addresses and phone numbers of three (3) referees who can attest to/ understands your faith journey or your life experience. It could be a Parish priest, RE teacher, youth group leader, parish member or employer.

1. _____
(Name)

(Address)

(Telephone - private) (Telephone - business)

Capacity in which you have known this person: _____





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2. _____

(Name)

(Address)

(Telephone - private)

(Telephone - business)

Capacity in which you have known this person: _____

3. _____

(Name)

(Address)

(Telephone - private)

(Telephone - business)

Capacity in which you have known this person: _____

I consent to the Catholic Youth Team seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/ or referees and authorise the information sought to be released to the Manager for the purposes of ascertaining my suitability for the position of Catholic Youth Mission Team Member for which I am applying.

I consent to the Catholic Youth Team contacting me if I am needed to provide more referees.

I also understand that the information received by the Manager of the Catholic Youth Team is supplied in confidence and will not be disclosed to me.

Signature: _____ Date: _____

H. Declaration

I, _____ (full name) declare that to the best of my knowledge the information provided in this Application Form enclosed is accurate and I understand that if any false or misleading information is given or any material fact suppressed, I will not be appointed, or if I am appointed, my appointment will be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement of any compensation from ACC.

Signature: _____ Date: _____



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Please Note: Applications close: 4th November 2017

Please include this application form along with your Curriculum Vitae and a brief personal covering letter for you application outlining why you believe this opportunity is for you.

Email to cyt@chch.catholic.org.nz

Or Post directly to:

James Bryant
CYT Manager
Catholic Youth Team
PO Box 4544
CHRISTCHURCH