



**SURF LIFE SAVING**  
NORTHERN REGION

## EMPLOYMENT PACK 2007 - 2008

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone      Hm: \_\_\_\_\_      Mob: \_\_\_\_\_

### Employment Pack Process

- An employment pack needs to be completed only once per season, regardless of how many roles applying for.
- Each individual form within this pack must be completed, even if information is being duplicated over the various forms – as each form is forwarded to different areas (accounts, NZ Police etc).
- All employment pack components must be completed in full as a application pre-requisite (even if you have worked for SLSNR in previous seasons).
- Forms must be returned as one pack to SLSNR: PO Box 2195, Auckland, NZ

**Services applying for** (please tick):

Regional Guard	<input type="checkbox"/>	Beach Ed	<input type="checkbox"/>
Patrol Auditor	<input type="checkbox"/>	SurfCom	<input type="checkbox"/>

### Employment Pack Contents

- Payroll Form
- Medical Disclosure Form
- Police Vetting Form
- Kiwi Saver



**New Employee Details**

**Full Name:**

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**Address:**

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**Phone No:**

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Date Started:

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Occupation:

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Department:

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Cost Centre:

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**IRD No:**

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**Tax Code:**

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Male / Female

Permanent / Casual

Full Time / Part Time

Wage / Salary

**Date of Birth:**

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Leave Entitlement:

Paid each pay? Y / N

Pay Rate:

\$ /hr \$ pa

**Bank Account No:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Std Allowances:

Allowance Name:

Rate: Taxable? Y / N

Std Deduction:

Deduction Name:

Amount:

Account to pay to:

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**Employee's Signature**

Employer's Signature

**2007/2008**  
**Medical Information Disclosure Form**

*Please complete the following form to help us ensure your safety and well being. The following information will be read by SLSNR Management and if deemed as an employment safety issue disclosed to the Patrol Captain/s and RLS Supervisor.*

**Personal Details:-**

Name:	
D.O.B	Age
Address	
Phone(hm)	Phone(hm)
Email	Club

**Emergency Contact/Next of Kin #1**

Name:	Relationship:
Phone: (hm)	(mob)
Name: _____	Relationship: _____
Phone: (hm) _____	(mob) _____

**Medical Information:-**

Do you or have you ever suffered from any of the following conditions:-

Yes	No	Condition	Details
		Allergies of any sort	
		Asthma	
		Breathing difficulties	
		Broken Bones	
		Cardiac problems of any kind	
		Deafness	
		Diabetes	
		Epilepsy	
		Eye problems	
		Hemophilia	
		Healing of open wounds	

		Infectious disease	
		Recent soft tissue injury	
		Recent gastrointestinal problems	
		Recent illness of any kind	
		Spinal injury	

Are you currently on any medication? (circle)      Yes    No

Details: \_\_\_\_\_

\_\_\_\_\_

Do you wear a hearing aid? (circle)      Yes    No

Do you wear glasses or contact lenses? (circle)      Yes    No

Do you wear Medic Alert Identification (circle)      Yes    No

Details \_\_\_\_\_

\_\_\_\_\_

Do you have any specific dietary requirements?      Yes    No

Details: \_\_\_\_\_

\_\_\_\_\_

**Applicant Acknowledgment:-**

*I hereby declare that to the best of my knowledge the information provided on this form is true and accurate.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Privacy Act Information**

**By submitting this form you are:**

1. Consenting to Surf Life Saving Northern Region using these details for the purpose of administering the 2006/2007 Support Services Programs
2. Acknowledging your right to access, and if necessary correct this information in accordance with privacy Act, 1993 and subsequent amendments.

**CONSENT TO DISCLOSURE OF INFORMATION**

Licensing & Vetting Service Centre  
Office of the Commissioner  
PO Box 3017  
WELLINGTON



**SURF LIFE SAVING**  
NORTHERN REGION



I,.....  
(Surname) (Forenames)

.....  
(Maiden or any other names used)

Sex..... (M/F) Date and place of birth .....

Nationality .....

Residential Address:.....

Suburb ..... City .....

NZ Drivers Licence number .....

hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to Surf Lifesaving Northern Region. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

Signed:..... Date:.....

**COMMENTS OF THE NEW ZEALAND POLICE**



See [www.kiwisaver.govt.nz/](http://www.kiwisaver.govt.nz/) for more information.

**No information is required at the application stage. If employment is gained you will be provided a KiwiSaver Information pack**

# EMPLOYMENT PACK CHECKLIST

## 2007 - 2008

### Checklist:

Have you:

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Met the due dates for the application forms?   |
| <input type="checkbox"/> | Fully completed each of the forms in the employment pack?                                |
| <input type="checkbox"/> | Completed just one employment pack regardless of the number of roles?                    |
| <input type="checkbox"/> | Sent the employment pack (this document) as one package, to SLSNR, PO Box 2195, Auckland |
| <input type="checkbox"/> | Sent each application form to SLSNR, PO Box 2195, Auckland                               |
| <input type="checkbox"/> | Emailed or called SLSNR in a weeks time to ensure forms were received                    |