



The Pitcairn Islands Office
Private Bag 105 696
Auckland
New Zealand
Phone (09) 366 0186
Fax (09) 366 0187

**MEDICAL OFFICER
TO THE
PITCAIRN ISLANDS**

1. PERSONAL

Mrs, Miss, Ms, Mr.

Surname: _____ Christian Names: _____

Married/Single (delete one) _____ Date of Birth: _____

Full Postal Address: _____

Ages of Dependent Children: _____

Spouse's Occupation: _____

& their other job related skills _____

Telephone Numbers: _____ (Work)

_____ (Home)

_____ (Mobile)

Email Address: _____

Preferred Method of Contact _____

Please complete the remainder of this application form as it applies to your experience, as fully as possible. Where the information requested is included in your C.V. please make reference to this. It is not necessary to repeat information.

2. MEDICAL QUALIFICATIONS:

Please list completed qualifications and the years these were completed:

Please list any incomplete qualifications which you may be working on and name the papers you have completed toward this qualification:

3. POSITIONS HELD:

Please list current or most recent position first.

Position	Company / Organisation	Length Of Service

4. PROFESSIONAL STRENGTHS:

Please state any specific professional areas in which you feel you have strengths:

5. LEADERSHIP RESPONSIBILITIES:

Please list areas for which you have had leadership responsibilities in the past.

6. EXTRA-CURRICULAR STRENGTHS:

Please list any extra-curricular strengths you have which may have relevance to your application.

7. SUITABILITY FOR THE POSITION:

Please supply details as to why you feel that you are suitable for this position. In so doing, please consider and comment upon your experience in relation to the following:
Relationships with children, experience with different cultural backgrounds, planning preparation and records, experience in managing relationships within a community, employment experience and voluntary positions held outside of your profession, experience in remote or isolated communities.
(Continue on a separate sheet if necessary or make references to your C.V.)

8. CONVICTIONS AGAINST THE LAW:

Have you ever been convicted of any offence against the Law (apart from minor traffic convictions)?
YES/NO

(Please be advised that as part of the recruitment process all applicants and their partners must undergone a police check.)

9. CURRICULUM VITAE:

Please submit full Curriculum Vitae with your application. If you wish this to be returned following the completion of the appointment process, please include a stamped addressed envelope.

10. REFEREES:

Please give the names, addresses and telephone numbers of three *Referees* who may be asked to supply a statement. Please also indicate what position is held by each *Referee* and the relationship which they have with you.

Name: _____

Address: _____

Telephone: _____ (Home) _____ (Work)

Position: _____ **Relationship:** _____

Name: _____

Address: _____

Telephone: _____ (Home) _____ (Work)

Position: _____ **Relationship:** _____

Name: _____

Address: _____

Telephone: _____ (Home) _____ (Work)

Position: _____ **Relationship:** _____

11. CONFIRMATION:

I certify that the information given in this *Application* is to the best of my knowledge, correct.
I understand that this may be verified.

Applicant's Signature: _____

Date: _____