

# Application for Competency Assessment Programme (CAP)

Email with all certified documentation to:  
CAP@knox.co.nz

Contact Number:  
+64 9 523 3119  
www.knox.co.nz

## 1. PERSONAL INFORMATION

<b>Legal family name(s)</b>	<b>Legal first or given name(s)</b>
<input type="text"/>	<input type="text"/>
<b>Preferred name</b>	<b>Previous name</b>
<input type="text"/>	<input type="text"/>
<b>Title</b> <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	<b>If other, please specify</b>
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Diverse	<input type="text"/>
<b>Home country postal address</b>	<b>Date of birth (dd/mm/yy)</b>
<input type="text"/>	<input type="text"/>
Town/City                      Postcode	<b>Current New Zealand address (if available)</b>
Country	<input type="text"/>
<b>Phone</b> <b>Mobile</b>	Town/City                      Postcode
<input type="text"/>	<input type="text"/>
<b>Email</b>	<b>Phone</b> <b>Mobile</b>
<input type="text"/>	<input type="text"/>

## 2. EMERGENCY DETAILS

Who should be contact in an Emergency? *(If you are under 18 years old, please give your guardian details)*

### Emergency contact overseas / family

<b>Full name</b>	<input type="text"/>
<b>Relationship</b>	<b>Mobile (include the country code)</b>
<input type="text"/>	<input type="text"/>

### Emergency contact in New Zealand

<b>Full name</b>	<input type="text"/>
<b>Relationship</b>	<b>Mobile (include the country code)</b>
<input type="text"/>	<input type="text"/>

## 3. CITIZENSHIP

<b>Passport Number</b>	<b>Passport expiry date</b>	<b>Issuing Country</b>	<b>Student visa expiry date (if any)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



<b>Title:</b>	Application for Admission into Competency Assessment Programme		
<b>Document Reference:</b>	QUALFRM091	<b>Version:</b>	4
<b>Manual/Department:</b>	Quality	<b>Effective:</b>	May 2023
<b>Document Owner:</b>	Quality Coordinator	<b>Review:</b>	As required



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#### 4. ETHNICITY

Please state specific ethnicity (i.e., Chinese, Philipino, etc).

#### 5. ENGLISH PROFICIENCY

What is your first language?

I can provide a copy of an English Language proficiency test (IELTS, OET) that is no more than two years old on the date of CAP starts

Yes  No

I will sit/have an English language proficiency (IELTS or OET)

Date taken / to be taken	English test name	Result (if known)
	<input type="checkbox"/> IELTS <input type="checkbox"/> OET	

#### 6. POLICE CHECK

I agree to the disclosure of my personal information for the NZ Police Licensing and Vetting.

Yes  No

#### 7. AVAILABILITY OF MANDATORY DOCUMENTS

Letter from NZ Nursing Council	<input type="checkbox"/> Available Date of the Letter:	<input type="checkbox"/> No Available
NCNZ Applicant Number:		
First Aid Certificate	<input type="checkbox"/> Available Date of the Certificate:	<input type="checkbox"/> No Available
Complete Vaccination required by NZ Health workers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of ID	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### 8. PERSONAL STATEMENT

Please tell us why you want to study this programme and what your plans are for when you have finished the CAP?

Does the programme you are enrolling in meet your study and career goals?

Yes  No

#### 9. DECLARATION

- I declare all information provided in support of this application is true and complete and I understand that my enrolment may be cancelled if false information has been supplied.
- If accepted, I undertake to pay or arrange payment of all fees that are not under government funds.
- I agree to abide by the Policies, Regulations and Procedures.
- I understand that Elizabeth Knox Home and Hospital will only use and disclose my personal information as required by the Privacy Act 2020, the Education and Training Act 2020 and other relevant legislation.
- I agree to the use of my image in a group photo or video taken during Elizabeth Knox Home and Hospital activity for marketing purposes. I have the right to refuse permission if the image focuses on me as an individual.

Full name

Signature

<input type="text"/>	<input type="text"/>
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I agree to the above

Name of parent or guardian

(if you are under 18 years only)

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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