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## EXPRESSION OF INTEREST

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<b>Health Promotion Champion Programme</b> <b>Skills Active: National Certificate in Fitness (Exercise Consultant) Level 3</b>			
<b>Last Name:</b>			
<b>First Name(s):</b>			
<b>Home Address:</b>			
<b>Postal Address:</b>			
<b>Phone Number(s):</b>	Home:	Work:	Mobile:
<b>Other Contact Details:</b>			

<b>HEALTH DETAILS</b>	
Do you suffer from any illness, injury or other disability which may be adversely affected by the requirements of this programme or that may adversely affect your performance, regular attendance, personal safety or the safety of others?	Yes      No
If yes, please give brief details: <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>	

### COMMUNITY CONNECTIVENESS

Please outline how you are connected to your immediate community, including any initiatives that you have or are currently involved in.

### REFEREES

Please provide two written references and include their telephone numbers below for whom you give Kahungunu Executive authorisation to contact on a confidential basis.

Name:	Telephone:
Name:	Telephone:

We need at least 3 referees who are happy to talk about your previous work or community involvement.

### AUTHORITY & DECLARATION

We require all applicants' authority to process your application.

- I will truthfully complete all sections of this Expression of Interest document. I understand that providing misleading information or failing to tell the truth may be grounds for dismissal.
- I authorise Kahungunu Executive to collect personal information about me from my referees (if I am short listed or the successful applicant) that I have named, to assess my suitability for the programme with Kahungunu Executive, and I authorise Kahungunu Executive to disclose the necessary information to my referees for this purpose.
- I also authorise the referees I have named to disclose all relevant information to Kahungunu Executive for the same purpose.
- I understand that this Expression of Interest will form part of the Personnel record held by Kahungunu Executive for successful candidates. All information provided by unsuccessful candidates will be held for twelve months and then destroyed.

<b>Signature:</b>	<b>Date:</b>
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## EXPRESSION OF INTEREST CHECKLIST

**Please ensure that you have all of the following included in your application:**

- Please complete all sections of the EOI, ensuring it is signed and dated.
- A copy of your Curriculum Vitae.
- A Covering Letter.

Please return your Employment Application to:

Kahungunu Executive, 65 Queen Street, PO Box 79, WAIROA 4160

Telephone: (06) 838 6835 Fax: (06) 838 7290 E-mail: [melissa.kaimoana@kahu-exec.co.nz](mailto:melissa.kaimoana@kahu-exec.co.nz)