

**VBS20N**

**Voluntary Bonding Scheme 2020 Intake**

**Registered or Enrolled Nurses - Application for Payment**

Contents

[About this Application Form 1](#_Toc404675129)

[How to Apply for Payment 2](#_Toc404675130)

[Email Address 2](#_Toc404675131)

[Submission Requirements 2](#_Toc404675132)

[Voluntary Bonding Scheme Payment Application Form 4](#_Toc404675133)

[Section A – Personal Information 4](#_Toc404675134)

[Section B – Professional Information 4](#_Toc404675135)

[Section C – Payment Information 5](#_Toc404675136)

[Insert 1 - Employees 5](#_Toc404675137)

[Insert 2 – Independent Contractors 6](#_Toc404675138)

[Section D – Declaration 7](#_Toc404675139)

[Checklist 8](#_Toc404675140)

## About this Application Form

Administration of the Voluntary Bonding Scheme (the Scheme) was transferred from the Ministry of Health (the Ministry) to Te Whatu Ora Health New Zealand (Te Whatu Ora), effective 1 July 2022.

This application form applies to Registered or Enrolled Nurses who:

* have been confirmed by the Ministry of Health on the Voluntary Bonding Scheme
* completed their studies towards their undergraduate qualification in 2019 and have completed their first 36 months (Years 1-3) and/or 2nd and/or 3rd 12 months on the Scheme (Year 4 and Year 5 respectively) whilst meeting the Terms and Conditions of the Scheme.

If you meet the above criteria, you are eligible to complete this form and apply for payment from the Voluntary Bonding Scheme.

Submitting this form is not an automatic guarantee of payment. Your eligibility to receive payment will be assessed once your completed application form is received.

If you submit an application that is incomplete or missing information, it is not possible to complete an assessment. We will then contact you for additional information. Assessment will commence once all necessary information is received.

Please refer to the **Checklist** to ensure that you have included all required information.

## How to Apply for Payment

You will need to fill in all required fields in the application form, provide all additional documentation, and sign the declaration at the back of this Form.

Once you have all of the information required, and the application is completed, you can then email the Application Form and supporting documents to Te Whatu Ora. The email address can be found below.

**Payment Timeframes:** The assessment and payment process for an application for payment form can take up to 12 weeks or more. This time frame is approximate and is affected by the volume of applications submitted to Te Whatu Ora at a particular time.

If you have any questions, please email Te Whatu Ora at: **vbs@health.govt.nz**

**Tax Implications:** Scheme payments are subject to income tax, may be subject to an ACC earners levy and may have an impact on your income tax obligations, Working for Families payments, and child support payments, etc.

Te Whatu Ora suggests that you seek independent advice on how Scheme payments will affect your tax position. For further tax information, contact Inland Revenue on 0800 775 247 or visit their website (www.ird.govt.nz).

## Email Address

Please send your completed application form and all supporting documents to **vbs@health.govt.nz**. These should ideally be supplied in **PDF (\*.pdf) format** and attached to a single email.

## Submission Requirements

To successfully apply for payment, you must provide all the following:

* **A 2020 Intake Voluntary Bonding Scheme Payment Application Form** (signed and dated, with all compulsory fields completed).
* **Certificate(s) of service (on letterhead)** from your employer(s) which includes and verifies the following for your bonded service:
* Employment History:
	+ First Payment Application - Your employment history from the date you commenced employment until at least 36 months after that date.
	+ Second Payment Application - Your employment history from the start of your second bonded period until at least 12 months after that date.
	+ Third Payment Application - Your employment history from the start of your third bonded period until at least 12 months after that date.
* That you have complied with the minimum 0.6 FTE requirement of the Scheme.[[1]](#footnote-1)
* That you have worked in an eligible hard-to-staff specialty or community for the duration of your bonded service.
* Any and all details of breaks, parental leave, and sick/annual/unpaid leave taken during your bonded service (if you have not taken any, this must be stated).

***Note:*** *The date you become eligible to apply for a payment may depend on any breaks in service or parental leave you may need to make up.*

* **Proof of New Zealand Permanent Residency or Citizenship** at time of application for payment. This could be a copy of your passport, Birth Certificate, Certificate of Citizenship, or Permanent Residency Visa.
* **Proof of your identity**. This could be a copy of your driver’s licence (this is only required if your Proof of Residency does not contain Photographic Identification (such as your Birth Certificate or Certificate of Citizenship)).
* **Proof of any name changes** (such as a Marriage Certificate).

If you do not have a student loan balance remaining, or you are a contractor claiming GST to your bank account, please provide:

* **Verification of your bank account details** (a Pre-printed Deposit Slip; **or** hand-written deposit slip, stamped by bank teller; **or** top section of bank statement; **or** a letter from your bank.) for the account you wish the payment to be made to.

## Voluntary Bonding Scheme Payment Application Form

**Compulsory fields/attachments are marked with a \***

**\***I am applying for payment under the Voluntary Bonding Scheme for my:

 First Payment Second Payment Third Payment

 (Years 1-3 / 36 Months) (Year 4 / 12 Months) (Year 5 / 12 Months)

### Section A – Personal Information

|  |  |  |
| --- | --- | --- |
| **1.\*** | Title: |  |
|  | First Name(s): |  |
|  | Surname: |  |
| **2.\*** | Email Address: |  |
| **3.\*** | Postal Address: |  |
|  |  |  |
| **4.** | VBS Reference Number (if known): |  |
|  |  |  |  |
|  |  | **Yes** | **No** |
| **5.\*** | I am a New Zealand Citizen or hold New Zealand Permanent Residency and have provided verification of this: |  |  |
| **** | **** |

### Section B – Professional Information

|  |  |
| --- | --- |
| **6a.** | **Registered Nurses:** During my bonded service, I have worked in the following hard-to-staff specialty **OR** community[[2]](#footnote-2): |
| ****Aged Care (aged residential care and older person’s health services) |  |
| ****Mental Health (hospital and community, including addiction services) |  |
| ****District Nursing ****Well Child / Tamariki Ora |  |
| ****Primary/Practice (Māori Provider) ****Primary/Practice (Pacific Provider)  |  |
| ****Primary/Practice (within Auckland, Counties Manukau, Waitemata, or Taranaki) |  |
| **Or** West Coast **** South Canterbury **** Wairoa District |  |
| **6b.** | **Enrolled Nurses:** During my bonded service, I have worked in the following hard-to-staff specialty[[3]](#footnote-3): |
| ****Aged Care (aged residential care and older person’s health services) |  |
| ****Mental Health (hospital and community, including addiction services) |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| **7.\*** | I have met the minimum full time equivalent (FTE) requirement of an annual average of 0.6 for the duration of my bonded service:  | **** | **** |
|  |  |  |  |
|  |  | **Yes** | **No** |
| **8.\*** | The certificate(s) of service from my employer(s) that I have provided outlines all breaks, parental leave, and sick/annual/unpaid leave that I have taken during my bonded service: | **** | **** |
| **9.\*** | Have you been employed as a locum during your employment?[[4]](#footnote-4) | **** | **** |
| **10.** | I intend to remain on the Scheme[[5]](#footnote-5): | **** | **** |

### Section C – Payment Information

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **11.\*** | IRD Number:  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **12.\*** | Tick the box below that applies to you then follow the direction of the text in *italics* (you only need to complete one Insert before moving to Section D): |
|  |  |  |  |
|  | **** | I am an employee (PAYE is deducted from my wages by my employer). *Complete ONLY Insert 1.* |
| **OR** |  |  |  |
|  | **** | I am an independent contractor (I organise payment of my own tax and complete an Individual Tax Return [IR3]) *Complete ONLY Insert 2.* |

### Insert 1 - Employees

Only complete this section if instructed to do so in Section C

**Note:** Your payment is subject to PAYE taxation and may be subject to an ACC earner levy. Te Whatu Ora will deduct these before payment is made. The following information is required to enable this:

**13.** I have money owing on my Student Loan: Yes Continue to 14

No Continue to 13a

**13a.** Complete your bank account number below **AND** include verification of your bank account details for your chosen account:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Bank |  | Branch |  | Account |  | Suffix |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**13b**. I confirm that I have provided **verification** of my bank account details and included it with this application form:

**14.** Based on your expected gross income (before tax) including this payment, declare your anticipated annual income for the current tax year:

 $12,687

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ + or $4,229 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Expected gross income + This payment = Total annual income

***Note:*** *For the purpose of this calculation consider the payment to be approximately:*

*First Payment: $12,687* (tax inclusive)

*Second/Third Payment: $4,229* (tax inclusive)

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### Insert 2 – Independent Contractors

Only complete this section if instructed to do so in Section C

**Note:** You are responsible for paying your own income tax on this payment. Please be advised that you may also be liable for provisional tax.

**15.** I am GST Registered Yes

No

**16.** I have money owing on my Student Loan: Yes Continue to 16a

No Continue to 17

**16a.** By ticking this box, I confirm that I have a Student Loan balance remaining and agree to have this payment made to my student loan account held by IRD:

**16b.** GST Registered Student Loan Holders:

 I would like the GST portion of my payment from Te Whatu Ora to be made to:

 My Student Loan My Bank Account

**17.** Complete your bank account number below **AND** include verification of your bank account details for your chosen account:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Bank |  | Branch |  | Account |  | Suffix |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**17a**. I confirm that I have provided **verification** of my bank account details and included it with this application form:

**18.** I have **also provided an invoice** to enable Te Whatu Ora to make payment:

 First Payment: $12,687 (GST Exclusive)

 Second/Third Payment $4,229 (GST Exclusive)

### Section D – Declaration

By signing this declaration, I understand and confirm that:

* I have read and understand the Ministry of Health’s Voluntary Bonding Scheme terms and conditions for Nurses - 2020 intake.
* The information I have provided is true, accurate and complete.
* If I have made a false statement or failed to disclose any relevant information, my application may be delayed or declined, or I may be required to pay back any funds I have received under the Scheme.
* Te Whatu Ora may contact my employer(s), or any other person, in order to confirm or clarify any information it needs in order to assess this application and/or make payment under the Scheme.

|  |  |
| --- | --- |
| Participant (Print Name): |  |
|  |
| Signature: |  | Date: | / | / |  |

### Checklist

When you have completed your Application for Payment Form, please use this checklist to ensure that you have included all the information required. If you submit an application that is incomplete or missing information the information will be requested from you via email.

I have supplied ALL the following information:

**** **A 2020 Intake Voluntary Bonding Scheme Payment Application Form** (signed and dated, with all compulsory fields completed).

**** **Certificate(s) of service (on letterhead)** from my employer(s), which includes and verifies the following for my bonded service:

* My Employment History:
	+ First Payment Application - my employment history from the date I commenced employment until at least 36 months after that date.
	+ Second Payment Application - my employment history from the start of my second bonded period until at least 12 months after that date.
	+ Third Payment Application - my employment history from the start of my third bonded period until at least 12 months after that date.
* That I have complied with the minimum (annual average) of 0.6 FTE requirement of the Scheme.
* That I have worked in an eligible hard-to-staff specialty or community for the duration of my bonded service.
* Any and all details of breaks, parental leave and sick/annual/unpaid taken during my bonded service.

 ***Note:*** *The date you become eligible to apply for a payment may depend on any breaks in service or parental leave you may need to make up.*

**** **Proof of my New Zealand Permanent Residency or Citizenship** at time of application for payment (this could be a copy of your passport, Birth Certificate, Certificate of Citizenship, or Permanent Residency Visa).

**** **Proof of my identity** (this is only required if your Proof of Residency does not contain Photographic identification (such as your Birth Certificate or Certificate of Citizenship).

**** **Proof of any name changes** (such as a Marriage Certificate).

**** I have completed the correct payment information insert box and provided all required information, including **verification of my bank account details** if required.

1. The FTE requirement is a minimum average of 0.6 FTE. This can be an average across every year if your hours fluctuated for any reason. An average of 0.6FTE equates to 1,152 worked hours per year (24hrs per week for 48 working weeks). [↑](#footnote-ref-1)
2. this must be verified on the certificate(s) of service that I have provided with this application form**. Note:** After 1 July 2022, the only change in regard to existing bonds is that the agreement will be with Te Whatu Ora, rather than the Ministry of Health. If Terms and Conditions refer to a DHB, the bond will be to **the former geographical area of that DHB rather than the DHB as employer**. Please email us should you require a copy of the former DHB maps, at vbs@health.govt.nz. [↑](#footnote-ref-2)
3. this must be verified on the certificate(s) of service that I have provided with this application form**.**  [↑](#footnote-ref-3)
4. Please refer to the terms and conditions about working as a locum. Locum work is not typically seen as eligible time within the Scheme, and so is generally considered an absence in line with the ‘breaks and pauses’ clauses in the terms and conditions. [↑](#footnote-ref-4)
5. Please note that this is an indication of your intention and does not affect your eligibility. [↑](#footnote-ref-5)