

## **Employer Acknowledgment Form**



## Introduction

The New Zealand Medical Assistance Team (NZMAT) is a Ministry of Health initiative to organise civilian medical team preparedness for deployment at the direction of the New Zealand Government in response to requests for health assistance in major emergency situations internationally. A NZMAT is a group of professionals including physicians, nurses, allied health, and non-medical members such as logisticians that deploy to the site of a disaster at short notice.

In response to international requests, NZMAT members are identified from the NZMAT Operational Database based on the skill mix required. NZMAT members are responsible to negotiate with their employer / manager to be released from work duties to participate in an NZMAT deployment. To avoid depletion of staff in any one department, speciality or region, NZMAT members will be chosen from around the country wherever possible.

By signing this "Employer Acknowledgement Form", you as the NZMAT member's line manager or employer agree to support your employee's following commitments:

Support your employee release from work to attend a NZMAT Team Member course (initial training)
Possible deployment within 24 hours, for a period of up to 14 days (excluding travel time) once trained
Support your employee to attend NZMAT courses and attendance at relevant courses or conferences

## **Deployment Considerations**

Payment: The employer will be reimbursed for their employee's salary while on deployment

Indemnity: It is the responsibility of NZMAT members to ensure they are covered by indemnity insurance

Insurance: NZMAT members are covered by the Ministry's travel insurance while on deployment

The Ministry understands the difficulties of releasing staff at short notice and will endeavour to give as much notice as possible. **Thank you for your support of NZMAT**.

## EMPLOYER ACKNOWLEDGEMENT

I confirm that I support this application and will endeavour to release the applicant from duty as stipulated.

Employee's Name:	
Employee's Position:	
Manager's Name:	
Manager's Position:	
Manager's Signature:	
Organisation:	
Date:	

Return this form to or direct any additional enquiries to:

Judy Fairgray, NZMAT Programme Manager / Phone: 021 227 4830 / Email: NZMATenquiries@health.govt.nz