



NZMAT Employer Acknowledgement 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 both nationally and 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 domestic or internationally requests, NZMAT personnel will be identified from the NZMAT Trained Personnel Database based on the skill mix required. NZMAT personnel 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 personnel will be chosen from around the country where ever 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 personnel to ensure they are covered by indemnity insurance

Insurance: NZMAT personnel are covered by the Ministry of Health’s travel insurance while on deployment

The Ministry of Health 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: 09 259 9551 / Email: Judy.Fairgray@middlemore.co.nz