

Do you have any known injuries, disabilities or health problems likely to affect your ability to undertake this position or endanger the health of another person?

No Yes. If yes, please give details:

Do you know of any reason why, if appointed, you would be unable to attend regularly for work?

No Yes. If yes, please give details:

WORK EXPERIENCE (or attach Curriculum Vitae)

Include part-time and full-time work. Start at your present job and work back in time.

From Month/Year	To Month/Year	Employer	Job Title	Reason for Leaving

Are you registered to practice as a Registered/Enrolled Nurse in NSW?

No Yes. If yes, please give details:

NSW Nurses' Registration Board No:	
Practising Cert. anniversary date:	

Are you registered to practice as an allied health professional in NSW?

No Yes. If yes, please give details:

Registration No:	
Practising Cert. anniversary date:	

Membership of professional organisations:

Do you have any criminal convictions which are less than 10 years old?

No Yes. If yes, please give details:

Have you previously worked for this facility?

No Yes. If yes, when and what position?

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RELEVANT EDUCATION/QUALIFICATIONS

Secondary

Country of Schooling: _____ Year Level Attained: _____

Date: From: _____ To: _____

Training/Certificate Courses Completed

Date: From: _____ To: _____

Institution: _____

Qualifications Gained: _____

Date: From: _____ To: _____

Institution: _____

Qualifications Gained: _____

Tertiary Studies Completed

Date: From: _____ To: _____

Institution: _____

Qualifications Gained: _____

Date: From: _____ To: _____

Institution: _____

Qualifications Gained: _____

Details of Current Studies

Date: Commenced: _____ Expected completion date: _____

Institution: _____

Course: _____ Full-Time Part-Time

 **Please attach any relevant In-Service Records/Certificates**

RECENT EMPLOYMENT REFEREES

1

2

Name: _____

Title: _____

Phone Number: _____

Referee's Employer: _____

CONDITIONS ASSOCIATED WITH THIS APPLICATION

- The referees have been advised that they have been nominated to support this application and I consent to them being contacted in regard to this application.
- I acknowledge that Lady of Grace Nursing Home will release information on this application form to nominated individuals participating in the recruitment and selection process. I am also aware that under the Privacy Act Amendment (2000) Lady of Grace Nursing Home will take all reasonable steps to protect this information.

CONDITIONS OF EMPLOYMENT

- This facility is a smoke-free workplace. Smoking is only permitted in designated outdoor areas in official meal breaks.
- As part of the selection/recruitment process, all employees may be required to participate in a pre-employment medical examination.
- As part of the selection/recruitment process, all employees will be required to participate in this organisation's immunisation program designed as an OH&S measure.
- Employment is offered with this facility under the terms and conditions of:
 - i) the relevant award/agreement
 - ii) the policies/practices of the organisation
 - iii) the facility's staff handbook.

I have read and understood the above conditions of employment and the conditions associated with this application. Furthermore, the information stated on my application for employment is true and correct to the best of my knowledge and belief. I am aware that any false or inaccurate information given by me may prevent my employment, or be the cause for my dismissal.


Signature: _____ Date: _____

OFFICE USE ONLY

Interview Date: _____

Interview Panel: _____

References Checked: Yes Date: _____

Copies attached 

Orientation Date: _____

- Casual
- Permanent Part Time
- Full Time

 Attached completed copies of:

- Tax file form
- Service declaration *(if applicable)*
- Superannuation form
- Immunisation status
- Bank account details
- Current Authority to Practice Certificate *(if applicable)*

- Criminal record check
- Bankruptcy (*if applicable*)
- Proof of eligibility to work in Australia (eg Birth Certificate, Citizenship Certificate, Passport, Visa)
- Public holiday election form
- Health Declaration Form

Probationary position offered: Yes No

Probationary position accepted: Yes No

Probationary letter of appointment issued/signed: Yes No Review date: _____

Permanent position offered: Yes No

Permanent position accepted: Yes No

Permanent letter of appointment issued/signed: Yes No

Recruitment process completed.

Signature: _____ Date: _____