

APPLICATION FOR EMPLOYMENT



Commencement Date:
Position / Grade:
Pay Code:
Payroll Number:
Contracted Hours:

Position Applied For: _____

Date: ____/____/____

Facility: South Coast Private Shellharbour Private Hospital Wollongong Day Surgery

PERSONAL DETAILS:

Surname:

Given Name/s:

Address:
.....

Telephone: (home) (mobile) (bus)

Date of Birth:/...../.....

Email Address: (electronic pay slip)

If successful what date could you commencement employment?

Type of Employment you are seeking? Full Time Part Time Casual

Are you Legally Entitled to Work in Australia? Yes No

Indicate your Current Work Rights:

Australian Citizen Permanent Resident

Holder of Working or Holiday Visa

Holder of Student Visa

Other please specify:

I have completed the "Authority to Check Work Rights" form (Appendix A) Yes N/A

NB: If you cannot provide evidence of work rights, or you are not a permanent resident of Australia, you must complete the

Department of Immigration and Border Protection “Authority to Check Work Rights Form” (see Appendix A).

I have attached 100 Points of Identification in accordance with (Appendix B) Yes No

NB: All candidates must provide 100 points of ID (see Appendix B).

Are you registered to practice unconditionally with AHPRA as a (i.e. Registered Nurse; EEN; EN; RMO; CMO; Allied Health Professional; Radiographer, Pharmacist etc.) Yes N/A

NB: if YES a copy of your registration must be included with your application or supplied as soon as possible

Are you a licensed / certified tradesperson Yes N/A

NB: if YES a copy or copies of your licence must be included with your application or supplied as soon as possible

Are you a member of a Professional Organisation Yes N/A

Name of organisation: _____

List any other countries where you hold current professional registration: _____

EDUCATION / QUALIFICATIONS

Qualification Gained	Institution Attended	Years Attended	Date Awarded

****Please attach copies of certificates and current practicing certificates****

EMPLOYMENT HISTORY: (CV may be provided in lieu of completing below)

Employer	Position	Period Employed	Status	Reason for Leaving
			Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/>	
			Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/>	
			Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/>	
			Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/>	

Have you undertaken and National Criminal History Record Check Yes (Attach copy) No (I will obtain and attach)

NB: The candidate will need to have undertaken and successfully satisfied the NCHRC requirements prior to an offer of employment being made. A satisfactory NCHRC is a mandatory requirement for appointment and ongoing employment at all Health Care Sites.

Have you undertaken a Working with Children's Check Yes (Attach copy) N/A

NB: In NSW, a WWCC is required for all positions excluding administration, clerical, maintenance services, or ancillary services, if the work associated with the said services doesn't involve unsupervised contact with children for extended period of time.

If engaged directly from overseas you are required to supply a translated overseas Police Check or Statutory Declaration

Have you previously worked for this facility? Yes No

If yes please provide details of previous employment, position held, dates, and reason for leaving

RECENT EMPLOYEE REFERENCES

In listing your referees, you are consenting to Health Care and or their facility/hospital contacting your referees as part of the recruitment and selection process

Referee 1

Name: _____

Position: _____

Organisation: _____

Phone: _____ Mobile: _____

Referee 2

Name: _____

Position: _____

Organisation: _____

Phone: _____ Mobile: _____

Conditions associated with this application:

The referees have been advised that that they have been nominated to support this application and I consent to them being contacted in regard to this application.

By signing this document you authorise Health Care or their employing facility / hospital to contact any academic institutions or professional bodies to verify the academic qualifications, certifications, memberships, licenses or registrations outlined in this application.

I am aware that I may undergo several screening processes to ascertain my suitability for the position for which I have applied including:

- One or more interviews;
- Police Check
- Work rights status check;
- WWCC (where applicable);
- Reference checks (x2);
- An assessment of my capacity to carry out the inherent requirements of the position;
- Psychometric testing.

I acknowledge that Health Care or their employing facility / hospital will:

- release information on, and in association with this application form to nominated individuals participating in the recruitment; and
- retain this information in accordance with the Privacy Act 1988 (as amended).

Name: _____

Signature: _____

AUTHORITY TO CHECK WORK RIGHTS

The Australian Department of Immigration and Border Protection requires that we verify potential workers' work entitlements prior to commencement. The check verifies:

1. Your entitlement to work in Australia legally. (Please provide the following):

Full Name: _____

Date of birth//

Passport Country of Origin: _____

Passport Number: _____

Visa Type and Subclass: _____

2. That at the time of the check being done, you are in Australia but are not entitled to be in the country (the Commonwealth may use this information to locate you).

Please sign your consent for Health Care or their employing facility / hospital to undertake a verification of your work entitlement on the Visa Entitlement Verification Online (VEVO) system:

Applicants Signature: _____

Date: / /

APPENDIX B

100 POINTS ID CHECK

1. The 100 point identification check must be completed prior to lodgment of a National Criminal Record Check or Working With Children background check.
2. Employers are required to sight original identifying documents, certify a photocopy which is to be retained on the applicant's personnel file, and ensure that an appropriately delegated officer completes the record of identifying documents below.
3. One primary document must be submitted from section (A) which is 70 points and other documents from section (B) which make up the 30 points.
4. The point score of documents produced must total at least 100 points, and for applicants 18 years or over, must include at least one form of photo ID.
5. If the compulsory document from section A indicates that the person may not be an Australian citizen or permanent resident e.g. was born overseas or does not hold an Australian or New Zealand passport, the candidate will be required to complete Appendix A – Authority to Check Work Rights and the managers must arrange for a VEVO check to be completed.

Applicants Name: _____

Record of identifying documents:

Please record relevant details in the table below:

Description of document	Date of Issue	Place/ Office of issue/ issuing organisation	Expiry date	Ref. or doc. number	Points
Total points					

Name and Position of person sighting documents: _____

ITEM	Points
<p>A: <u>Primary Documents – Only one must be submitted</u></p> <ul style="list-style-type: none"> • Birth Certificate • Birth Card issued by the New South Wales Registry of Births, Deaths and Marriages • Citizenship Certificate • Current Passport • Expired passport which has not been cancelled and was current within the preceding 2 years 	70
<p>B: <u>Secondary Documents (The following documents must have your photograph and name)</u></p> <ul style="list-style-type: none"> • Driver Licence issued by an Australian State or Territory • Licence or permit issued under a law of the Commonwealth, State or Territory Government • Identification card issued to a public employee • An identification card issued by the Commonwealth, State or Territory as evidence of the applicant's entitlement to a financial benefit • An identification card issued to a student at a tertiary education institution • A Proof of Age Card or NSW Photo Card issued by the NSW Roads and Traffic Authority. 	40
<p><u>The following documents must show name and address</u></p> <ul style="list-style-type: none"> • A document held by a cash dealer giving security over the applicant's property • A mortgage or other instrument of security held by a financial body • Council rates notice • Document from the applicant's current or former employer within the past 2 years • Document from the Credit Reference Association of Australia • Land Titles Office record 	35
<p><u>The following documents must show name and signature – points from the same source may only be counted once</u></p> <ul style="list-style-type: none"> • Marriage Certificate (for maiden name only) • Foreign Driver's Licence • Credit Card (once sighted and photocopied, card no should be blacked out on copy before filing) • Medicare Card (signature not required) • Membership card for a registered club • NRMA Membership • EFTPOS Card 	25
<p><u>The following documents must show name and address</u></p> <ul style="list-style-type: none"> • The electoral roll compiled by the Australian Electoral Commission and available for public scrutiny • A recent signed reference of recommendation from an acceptable referee (e.g. doctor, teacher, clergy, banker, police etc.) • Lease/rental agreement • Rent receipt from a licensed real estate agent • Records of a public utility – e.g. telephone, water, gas or electricity bill) • Records of a financial institution • A record held under law other than a law relating to land titles 	25
<p><u>The following documents must show name and date of birth</u></p> <ul style="list-style-type: none"> • The records of a primary, secondary, or tertiary institution attended by the applicant within the past 10 years • The records of a professional or trade association of which the applicant is a member 	25

NOTE: *This 100 point identification is adapted to accord with the Commonwealth Financial Transaction Reports Act 1988 as required by the CrimTrac Agency*

APPENDIX C (NCHRC – NSW)

**STATUTORY DECLARATION
OATHS ACT 1900, NSW, NINTH SCHEDULE**

I do hereby solemnly declare and affirm that I (please tick):

- I do not have any criminal convictions or pending charges in my country of origin or any other country outside of Australia, which I have resided in or been a citizen of since turning 16 years of age; or
- I have listed below any criminal convictions or pending charges in my country of origin or any other country outside of Australia, which I have resided in or been a citizen of since turning 16 years of age

Date of Conviction	Details of pending Charge	Country	Penalty / Sentence

[the facts to be stated according to the declarant's knowledge, belief, or information, severally]

And I make this solemn declaration, as to the matter (or matters) aforesaid, according to the law in this behalf made – and subject to the punishment by law provided for any willfully false statement in any such declaration.

Declared at: on

Place Date

.....
[Signature of Declarant]

in the presence of an authorised witness, who states:

I, a

[Name of Authorised Witness] [Qualification of Authorised Witness]

certify the following matters concerning the making of this statutory declaration by the person who made it: [* please cross out any text that does not apply]

1. I saw the face of the person **or** I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
2. I have known the person for at least 12 months **or** *I have confirmed the person's identity using an identification document and the document relied on was..... (Describe identification document relied on)

.....
[Signature of authorised witness] [Date]

NOTE: Oaths may be taken before a Justice of the Peace (JP). The JP must record their JP number as well as the information required above.

APPENDIX D

HEALTH DECLARATION

I, _____ have read the position description for the position I am applying for and (tick one of the following):

- I am not aware of any health conditions which may interfere with my ability to perform the inherent job requirements and job demands of this position.
- I have a health condition that may require the employer to provide me with services or facilities (adjustments) so that I can successfully carry out the inherent job requirements and job demands of the position.
- I understand that adjustments to the workplace can be made to assist employees with disabilities in carrying out the inherent job requirements and job demands of the position. Any adjustments I need have been discussed with the organisation prior to completing this health declaration.
- I no longer wish to be considered for this position.

I am aware that any false or misleading information may threaten my employment.

Signature of Applicant: _____ **Date:** / /

APPENDIX F

HEALTH RECORD

Clinical applicants must provide acceptable evidence against the specified infectious diseases listed below before employment will be offered.

- Diphtheria, tetanus, pertussis
- Hepatitis B
- Varicella
- Measles, mumps, rubella

The only exception is where a full course of a Vaccine has not yet been completed, then you must provide documented evidence that you have received at least the first dose and then provide the post vaccination serology result within 6 months of employment. All vaccinations/pathology is to be attended in your own time and at your own cost.

Acceptable documentary evidence of protection against specified infectious diseases includes:

- a written record of vaccination signed by the medical practitioner, and / or
- serological confirmation of protection, and/or
- other evidence, as specified in the table below.

Disease	Evidence of Vaccination	Documented Serology Results	Other Acceptable Evidence
Diphtheria, tetanus, pertussis (whooping cough)	One adult dose of diphtheria/ tetanus/ pertussis vaccine (dTpa). Not ADT.	Serology will not be accepted	Not applicable
Hepatitis B	History of completed age-appropriate course of hepatitis B vaccine. Not "accelerated" course	Anti-HBs greater than or equal to 10mIU/mL	Documented evidence of anti- HBc, indicating past hepatitis B Infection
Measles, mumps, rubella (MMR)	2 doses of MMR vaccine at least one month apart	Positive IgG for measles, mumps and rubella	Birth date before 1966
Varicella (chickenpox)	2 doses of Varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age)	Positive IgG for Varicella	History of chickenpox or physician- diagnosed shingles (serotest if uncertain)

Appendix G

Tuberculosis (TB) Assessment Tool

Staff will require TST screening if they were born in a country with a high incidence of Tuberculosis, or have resided for a cumulative time of 3 months or longer in a country with a high incidence of TB as listed on the back of this form. It is recommended that staff who meet the 'high risk country' criteria are to personally contact their nearest Public Hospital chest clinic and make an appointment for the appropriate TST screening. Any staff who attend a Public Hospital chest clinic for TST screening should provide the documentation to the Director of Nursing for inclusion in their personnel file. Each individual staff member is responsible and accountable to attend the chest clinic for TST screening and follow-up. If staff have previously had TST screening and have the evidence, they should provide the documentation to the Director of Nursing for inclusion in their personnel file.

<p>Clinical History</p> <p>Cough for longer than 2 weeks <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide information below if you have any of the following symptoms:</p> <p>Hemoptysis (coughing blood) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fevers / Chills / Temperatures <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Night Sweats <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fatigue / Weakness <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Anorexia (loss of appetite) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Unexplained Weight Loss <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Assessment of risk of TB infection</u></p> <p>Were you born outside Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, where were you born?</p> <p>Have you lived or travelled overseas <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Country:</p> <p>Amount of time lived or travelled in country:</p>
<p>Have you ever had Contact with a person know to have TB?</p> <p>If yes, provide details below</p>	<p>Have you ever had TB Screening <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide details below and attach documentation.</p>

If you answered **YES** to any of the questions above, please provide details (attach documentation).

I declare that the information I have provided is correct

Name: _____

Signature: _____ **Date:**/...../.....

LATEX QUESTIONNAIRE

Have you ever been diagnosed with latex allergy?

Yes No Unknown

Have you ever experienced a reaction to latex e.g. skin rash, hives itchy and runny eyes and nose?

Yes No Unknown

Have you ever suffered from respiratory problems related to a latex allergy?

Yes No Unknown

Have you ever had a skin reaction from tapes or sticky plaster?

Yes No Unknown

Have you had a reaction after handling rubber products e.g. balloons?

Yes No Unknown

Have you ever suffered a reaction after going to the dentist, e.g. itchy and runny eyes and nose?

Yes No Unknown

Name: _____

Signature: _____ **Date:** / /

APPLICANTS DECLARATION

1. I certify that the information provided in this application form is complete and correct in every details, and I understand that deliberate inaccuracies or omissions may result in non-acceptance of my application and / or termination of employment.
2. I am aware that failure to provide all requested information in this application may result in delays in determining my pay and that the employer is unable to finalise my application until all documentation and clearances are received.
3. I certify the accuracy of the information provided with this application. I have no objections to any past or current referees being required to furnish a confidential report on my performance. I am aware that background checking processes will be conducted and the existence of a criminal record or other relevant record may affect my employment prospects.
4. I agree that Health Care or their employing facility / hospital will communicate with me by email or other electronic means and am responsible for keeping them updated on any changes to my personal details.

Applicant Name:

Applicant Signature:

Date: / /