

Algester/Bundaleer Lodge

APPLICATION FOR EMPLOYMENT

POSITION SOUGHT: Registered Nurse <input type="checkbox"/> Assistant Nurse <input type="checkbox"/> Cook <input type="checkbox"/> Kitchen Hand <input type="checkbox"/> Tray Person <input type="checkbox"/> other <input type="checkbox"/> _____ Location: Algester Lodge <input type="checkbox"/> Bundaleer Lodge <input type="checkbox"/>				
PERSONAL DETAILS				
SURNAME:		CHRISTIAN NAMES:		
ADDRESS:		CONTACT TELEPHONE No: Mobile No: Email:		
DATE OF BIRTH:		Drivers Licence No:		
EMERGENCY CONTACT PERSON:		RELATIONSHIP (Optional):		
ADDRESS:		TELEPHONE No:		
EDUCATION/QUALIFICATIONS (Certified copies of highest qualifications should be attached)				
	INSTITUTION	STANDARD ATTAINED	YEAR	
SECONDARY:				
APPRENTICESHIP:				
TERTIARY:				
CERTIFICATES/DIPLOMAS:				
EMPLOYMENT HISTORY (Detail Present or Last Position Held First)				
EMPLOYER	POSITION HELD	FROM / TO	REASON FOR LEAVING	Verified by NCM/DON
BRIEF LIST OF EXPERIENCE (Note if you are providing a resume with this application please just write – refer to resume. If you were a student at our facility please note your dates of placement and Unit you were placed in):				
Briefly explain why you wish to work for our organization? Briefly explain why you wish to work in the area of aged care?				
Availability for Work: Assistant Nurse/Enrolled Nurse Morning shift Mon Tues Wed Thur Fri Sat Sun Afternoon shift Mon Tues Wed Thur Fri Sat Sun Night shift Mon Tues Wed Thur Fri Sat Sun Registered Nurse Morning shift Mon Tues Wed Thur Fri Sat Sun Aafternoon shift Mon Tues Wed Thur Fri Sat Sun Night shift Mon Tues Wed Thur Fri Sat Sun Kitchen Morning shift Mon Tues Wed Thur Fri Sat Sun Afternoon shift Mon Tues Wed Thur Fri Sat Sun				
Are you currently on Job Seeker payments? Yes/No				

REFERENCES (Attach copies of written references)		
Specify details of persons prepared to give verbal reference:		
NAME:	TITLE:	TELEPHONE No:
Have you ever completed a first aid course? Yes/No Date: _____		
Have you worked for this organization previously? Yes/No If yes from date _____ to date _____		
I acknowledge completely that the deliberate giving of false information, with respect to any of the above areas, shall lead to dismissal		
Applicants Signature: _____		Date: _____
Registered Nurse Certificate Held	Training School	Training Period Certificate Number
Certificate of Registration Number: _____ Date Issued: _____		
Annual Licence Fee Receipt Number: _____ Date Issued: _____		
Previous Continuous Nursing Service		
It is the responsibility of all applicants to provide proof of previous years of experience to enable the appropriate rate of pay to be determined. This proof must be provided prior to engagement.		
I acknowledge completely that the deliberate giving of false information, with respect to any of the above areas, shall lead to dismissal		
APPLICANTS SIGNATURE:		DATE:
HEALTH: Do you suffer from any ailment or disability or are you required to take regular medication which may:		
- Affect work performance	Yes/No: If yes give details:	
- Affect your attendance at work	Yes/No: If yes give details:	
Have you been vaccinated this year for influenza?	Yes/No	
If no do you come under any of these exemption categories?	Yes/No	
<ul style="list-style-type: none"> • Anaphylaxis after a previous dose of any influenza vaccine • Aphylaxis after any component of an influenza vaccine • A history of Guillain-Barre Syndrome whose first episode occurred within 6 weeks of receiving an influenza vaccine • Receiving cancer immune-oncology therapies (checkpoint inhibitors) 		
Have you been vaccinated for Hepatitis B (Full Course 3 injections)?	Yes/No	
Do you suffer from?		
- Migraine Headaches:Regular	Yes/No	
Occasional	Yes/No	
- Diabetes	Yes/No	
- Epilepsy	Yes/No	
- Asthma	Yes/No	
- Allergies	Yes/No If yes give details:	
Do you come under any of the 'at risk' categories for COVID-19?	Yes/No	
<ul style="list-style-type: none"> • Are 70 years of age or over • Have had an organ transplant and are on immune suppressive therapy • Have had a bone marrow transplant in the last 24 months • Are on immune suppressive therapy for graft versus host disease • Have blood cancer eg leukaemia, lymphoma or myelodysplastic syndrome (diagnosed within the last 5 years) • Are having chemotherapy or radiotherapy • Chronic renal (kidney) failure • Heart disease (coronary heart disease or failure) • Chronic lung disease (excludes mild or moderate asthma) • A non-haematological cancer (diagnosed in the last 12 months) • Diabetes • Severe obesity with a BMI >=40Kg/m2 • Chronic liver disease • Some neurological conditions (stroke, dementia, other) (speak to your doctor about your risk) • Some chronic inflammatory conditions and treatments (speak to your doctor about your risk) • Other primary or acquired immunodeficiency (speak to your doctor about your risk) • Poorly controlled blood pressure (may increase risk – speak to your doctor) 		

Are you aware/do you have any knowledge of any pre-existing medical conditions or injury which might act as an impediment to your performance in this position sought either now or later in your employment Yes/No

If yes please give details: _____

Do you have any medical/physical disabilities , which may affect your work? Yes/No

If yes please give details: _____

If required do you agree to a pre medical inspection by a GP Yes/No

EMPLOYEE MADE AWARE OF SECTION 79 WORKERS COMPENSATION BOARD AND ASSISTANCE ACT 1981.

Where it is proved that the worker has, at the time of seeking or entering employment in respect of which he claims compensation for a disability, willfully and falsely represented himself/herself as not having previously suffered from the disability, the Board may in its discretion refuse to award compensation which otherwise would be payable. I acknowledge completely that the deliberate giving of false information, with respect to any of the above areas, shall lead to dismissal

Applicants Signature:

Date: