



APPLICATION FOR STAFF APPOINTMENT

Personal Details

Name:	<input type="text"/>		
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	Postcode:	<input type="text"/>
Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		
DOB:	<input type="text"/>	Sex:	<input type="text"/>

Next of Kin

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	Postcode:	<input type="text"/>
Phone No:	<input type="text"/>		

Position

Position Applied For:	<input type="text"/>
ACT Registration Number:	<input type="text"/>
Aged Care Certificate Number:	<input type="text"/>

Previous Employment Details - please include dates and employer details:

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Have you ever had your Nurses Registration cancelled or refused renewal (in any state or territory)?

Yes/No

If yes, please give details:

Have you ever had a claim for Workers Compensation?

Yes/No

If yes, please give details:

Medical

Do you have any physical illness that may affect your employment?

Yes/No

If yes, please give details:

Have you ever suffered (or are suffering) from any mental disorders or breakdowns?

Yes/No

If yes, please give details:

Do you have an alcohol or drug related issue that may have an impact on your work performance?

Yes/No

If yes, please give details:

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Training

Are you up to date with current injections? Yes/No

If yes, please give details:

Do you have a current First Aid Certificate? Yes/No

If yes, please give details – Certificate Number, Organisation and Expiry Date:

When was your last CPR Training undertaken?

Please give details – date and provider:

When was your last Manual Handling Training undertaken?

Please give details – date and provider:

Have you undertaken recent training to improve or maintain your clinical skills? Yes/No

If yes, please give details:

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Would you like to undertake additional training to assist you in the field?

Yes/No

If yes, please give details:

Current Employment

Are you currently employed with another nursing agency, hospital or medical facility within the ACT?

Yes/No

If yes, please give details and placement locations:

Work Preferences

Preference for Employment

- Hospitals
- Nursing Homes
- Home Care

Preference for Shifts

- Morning
- Evening
- Night Shift

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Referees

Please provide names and contact details for three Referees.

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	Postcode:	<input type="text"/>
Phone No:	<input type="text"/>		

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	Postcode:	<input type="text"/>
Phone No:	<input type="text"/>		

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>		
Suburb:	<input type="text"/>	Postcode:	<input type="text"/>
Phone No:	<input type="text"/>		

Please note:

Referees are not to be family members and should be people who have worked with you previously.

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Your Bank Details

Tax File Number:

Bank Name:

Branch:

BSB Number:

Account Number:

Name on Account:

Signature:

Print Name:

Date:

Please bring this completed Application Form to your interview together with:

- a copy of your current Resume
- a copy of your current ACT Nurses Registration or Certificate III in Age Care
- a copy of your current ACT Police Clearance (this can be done at interview)
- a photo identification (preferably your current Driver's License)
- a copy of your current Senior First Aid Certificate