

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR:		
KARITANE FACILITY:	<input type="checkbox"/> Carramar Site <input type="checkbox"/> Liverpool Family Care Centre <input type="checkbox"/> Randwick Family Care Centre	<input type="checkbox"/> Head Office <input type="checkbox"/> Linking Families <input type="checkbox"/> Connecting Carers

SECTION 1: Applicant's Contact Details (compulsory)

Surname:..... Given Names:.....

Previous Names / Aliases:.....

Residential Address:.....
 Post Code:.....

Telephone (Home):..... Work:.....

Telephone (Mobile):..... Email:.....

SECTION 1A: Applicant's Personal Details (compulsory)

Date of Birth:..... Town and Country of Birth:.....

Are you an Australian Citizen or Permanent Resident? Yes No

If no, do you hold a current work visa? Yes No

Visa Sub Class: 422 417 457

Visa Restrictions: Yes No Detail Restrictions:.....

If called for interview, you will be required to present your current Work Rights and to attach a copy to this application.

SECTION 2: Qualifications and Other Skills

You may attach certified photocopies (not originals) of your school and / or academic results.

Please note: Accredited overseas educational and technical qualifications should be included. Overseas qualifications need to meet the Australian standards before they are recognised. You can arrange assessment of your overseas qualifications through the Department of Employment, Education and Training.

2A: Secondary (High School):

(Complete this section if details are not included in your covering letter or CV)

Name of School	During Years	Certificate Awarded

2B: University and/or College:

(Complete this section if details are not included in your covering letter or CV)

Name and Location of University/College	During Years	Qualification Awarded

2C: Registration (Compulsory for professional staff)

(Complete this section if details are not included in your covering letter or CV)

Registration / Licence Number:..... Expiry Date:.....

(Please attach a certified photocopy of your registration)

2D: Other Skills and Qualifications:

(Complete this section if details are not included in your covering letter or CV)

You may list your skills and any other relevant qualifications such as membership of professional associations, short courses, shorthand speeds, typing speeds, office machine operation, switchboard skills etc.

2E: Drivers licence: (Compulsory if you will be driving a Karitane vehicle)

Drivers Licence Number: Expiry Date:

2F: Languages: (Optional)

The Area Health Service supports cultural diversity.

Please list languages (other than English) spoken or written fluently:

Would you like to be assessed on your 'non-English' language ability and use your language skills if required for communicating with non-English speaking people? Yes No

SECTION 3: Work History

Please list where you have worked. Include overseas as well as Australian work experience. Voluntary work experience may also be included. If the space provided below is insufficient, please attach extra pages to this form.

3A: Previous Employment: (Compulsory)

Have you been previously employed within the SSWAHS (ie. Formerly CSAHS or SWSAHS). Yes No

If yes, name of facility / service:

Have you been previously employed within the NSW Health Public Sector. Yes No

If yes, please provide details in 3A above.

Karitane will contact your current or previous manager/supervisor.

3B: Employment: (Complete this section if details are not included in your covering letter or CV)

Period From and To	Name of Employer	Position Held and Description of main duties

3C: References: (Compulsory)

Please provide names, address and contact details of three people who may be contacted about your application. These people should have knowledge of your recent employment history. If approached, they will be asked to provide a reference and comment on your suitability for the position.

Referee 1:

Name:.....

Position:.....

Organisation:.....

.....

Relationship to Applicant:.....

Work No:.....

Other Contact No:.....

Referee 2:

Name:.....

Position:.....

Organisation:.....

.....

Relationship to Applicant:.....

Work No:.....

Other Contact No:.....

Referee 3:

Name:.....

Position:.....

Organisation:.....

.....

Relationship to Applicant:.....

Work No:.....

Other Contact No:.....

Current Employer:

Name:.....

Position:.....

Organisation:.....

.....

Relationship to Applicant:.....

Work No:.....

Other Contact No:.....

If your current employer is external to Karitane and if you have listed professional referees other than your current employer, do you grant Karitane approval to contact your current employer?

Yes No

SECTION 4: Special Needs (Optional)

If you have any special needs to enable you to attend an interview please list them below.

SECTION 5: Mandatory Information (Compulsory)

Do you have an injury or disability which requires workplace adjustments? Yes No

Please list any restrictions / requirements that would assist us in providing you with a safe working environment.....
.....
.....

Note: if you application is successful you will be required to complete a Job Demands Checklist, with your Supervisor to assist in providing you with a safe work environment.

SECTION 6: Applicant's Statement (Compulsory)

I certify that the above details are correct, including that my qualifications are genuine.

I understand and agree that:

1. I must provide acceptable evidence of protection against the specified infectious diseases and TB screening if I am employed in a Category A position.
2. The terms and conditions of my employment will be in accordance with the appropriate Industrial Award of Agreement and By-Laws of Karitane.
3. It is a condition of my employment that I am willing to work at any facilities of Karitane should this be necessary.
4. Karitane will conduct a criminal record check (CRC) and associated risk assessment (if required) prior to my appointment. (A CRC lodgement form will be provided to you at interview).
5. Karitane will review the NSW Health Service Check Register and conduct a risk assessment prior to appointment (if required).
6. If the position I have applied for involves working with children, I will complete a Prohibited Employment Declaration (PED) Form prior to my appointment. (A PED form will be provided to you at interview).
7. Karitane is permitted to verify my qualifications with the appropriate institution.
8. Any statement on this form which is found to be deliberately misleading will make me, if employed, liable to dismissal and/or prosecution for any relevant offence.

Signature: Date:.....

SECTION 7: Attachments (compulsory)

Curriculum Vitae attached Yes No
Covering letter attached Yes No

Thank you for your application. You will be advised of the results of you application in due course.

FOR OFFICE USE ONLY

To be completed by Convenor verified by the person who authorised filling the vacancy.

POSITION TITLE:			
AWARD CLASSIFICATION:		COMMENCEMENT DATE:	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time hrs p/w	<input type="checkbox"/> Temporary	<input type="checkbox"/> Casual
Structured Referee Check Conducted by:		Criminal Record Check No:	
..... Signature – Convenor	 Signature – Authorising Officer	
Date:		Date:	