

<b>Section A: Position Details:</b>		
<b>Have you worked for Sunnymeade Park Aged Care Community before:</b>		
<b>Where did you hear about this job? (ie friend, internet)</b>		
<b>NB: You are required to personally complete this application form. If successful, the information provided will form part of the Company's personnel records. Failure to supply the information requested may prejudice the Company's ability to assess your suitability for the position and may render your application void.</b>		
<b>Please circle relevant Position/s Applying for:</b>		<ul style="list-style-type: none"> <li>• Registered Nurse</li> <li>• Enrolled Nurse</li> <li>• Assistant in Nursing</li> <li>• Diversional Therapist</li> <li>• Cook</li> <li>• Kitchenhand</li> <li>• Cleaner</li> <li>• Maintenance</li> </ul>
<b>Section B: Personal Details</b>		
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss		Date of Birth:
First Name:	Middle Name:	Surname:
Do you identify yourself of Aboriginal or Torres strait Islander decent? Optional Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Other Names Used:</b>		
<b>Contact Details:</b>		
Mobile:	Email Address:	
Landline:	Preferred contact: <input type="checkbox"/> Email <input type="checkbox"/> Mobile <input type="checkbox"/> Land Line	
<b>Address Details:</b>		
Street Address:		
Suburb:	State:	Post Code:
<b>Postal Address (if different to above Address):</b>		
Street Address		
Suburb:	State:	Post Code:
<b>DECLARATION OF USUAL PLACE OF RESIDENCE</b>		
I, _____ declare that my usual place of residence is:		
Street Address:		
Suburb:	State:	Post Code:

**Section C- International Applicants**

Are you legally permitted to work in Australia:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes provide Visa Details: Copy of Visa to be attached		457 <input type="checkbox"/>	417 <input type="checkbox"/> 456 <input type="checkbox"/> Other <input type="checkbox"/>
Visa Number	Issue Date:	Expiry Date:	

**Section D- Police Checks**

Do you have a current National Police Check?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Since turning 16 years of age, have you been a citizen of county/countries other than Australia.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a current International Police Check?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Section E: Employment History (Please attach your resume)**

**Beginning with your current or most recent Employment, please provide details of the last Five years, including any periods of unemployment.**

<b>Company Name:</b>		Address:	
Start Date:		Finish Date:	
Duties and Responsibilities:			
Reason for leaving:			
Direct Supervisor:		Contact Details:	May we Contact Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Company Name:</b>		Address:	
Start Date:		Finish Date:	
Duties and Responsibilities:			
Reason for leaving:			
Direct Supervisor:		Contact Details:	May we Contact your Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Company Name:</b>		Address:	
Start Date:		Finish Date:	
Duties and Responsibilities:			
Reason for leaving:			
Direct Supervisor:		Contact Details:	May we Contact Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Company Name:</b>		Address:	
Start Date:		Finish Date:	
Duties and Responsibilities:			
Reason for leaving:			
Direct Supervisor:		Contact Details:	May we Contact Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Company Name:</b>		Address:	
Start Date:		Finish Date:	
Duties and Responsibilities:			
Reason for leaving:			
Direct Supervisor:		Contact Details:	May we Contact Supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Section F: Occupational Requirements</b>			
Are you prepared to:			
Work Morning shifts (AM)			
Work Evening Shifts (PM)			
Work Night Shifts (NS)			
Availabilities: Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Public Holidays <input type="checkbox"/> AM <input type="checkbox"/> AM <input type="checkbox"/> AM <input type="checkbox"/> AM <input type="checkbox"/> AM <input type="checkbox"/> AM <input type="checkbox"/> AM <input type="checkbox"/> AM <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> PM <input type="checkbox"/> PM <input type="checkbox"/> PM <input type="checkbox"/> PM <input type="checkbox"/> PM <input type="checkbox"/> PM <input type="checkbox"/> PM <input type="checkbox"/> NS <input type="checkbox"/> NS <input type="checkbox"/> NS <input type="checkbox"/> NS <input type="checkbox"/> NS <input type="checkbox"/> NS <input type="checkbox"/> NS <input type="checkbox"/> NS <input type="checkbox"/>			
What type of employment are you seeking: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/>			
How many hours do you expect to work each week:			
Do you have a Drivers License? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Number:		State:	Expiry:
Do you have a Current First Aid Certificates Yes <input type="checkbox"/> No <input type="checkbox"/>			
Certificate Number:		State:	Expiry:
<b>Section G: Education, Qualifications and Training (if applicable, copies MUST be attached)</b>			
Registered Nursing Registration:		Number:	Expiry:
Certificate III In Aged Care		Issue by:	Completion Date:
Certificate IV In Aged Care		Issue by:	Completion Date:
Certificate IV Leisure and Lifestyle		Issue by:	Completion Date:
Certificate IV in Cookery Practices		Issue by:	Completion Date:

Certificate IV in Cooker Practices	Issue by:	Completion Date:
Certificate IV in Cooker Practices	Issue by:	Completion Date:
Certificate IV in Cooker Practices	Issue by:	Completion Date:
other	Issue by:	Completion Date:

**Section H: Education, Qualifications and Training (if applicable, copies MUST be attached)**

**Have you suffered from any gradual process injury, disease or infection:**

Hearing Loss	Respiratory Problems
Occupational Overuse Syndrome	Back Problems
Sensitivity to Chemicals	Mobility Problems

If YES to any of the above, please provide details:

In your opinion, how is your current state of mental health?

In your opinion, how is your current state of physical health?

Do you lead an active Lifestyle?                      Yes                      NO

What exercises do you undertake on a regular basis?

Have you been absent from work for consecutive periods of greater than 2 weeks in the past 12 months (Other than for annual leave or training?)

**Section I: Declaration and Acceptance of Conditions:**

- a. I agree to undertake any Orientation and training as required Sunnymeade Park Aged Care Community and to abide by all site rules and instructions including the wearing of PPE equipment as required.
- b. I declare that the information I have given is complete and correct.

Signature:	Print Name:	Date:
------------	-------------	-------

**Please Note: Applications are kept on file for a period of 3 months**

Have you attached the following documentation?

Resume Attached                      Yes                       No

Registration Attached                      Yes                       No

Relevant Certificates Attached                      Yes                       No

Statement of Service                      Yes                       No

**Office Use:**

Suitable for Interview:	Yes	No
Interview Date:	Interview Time:	
Confirmation of application received response sent	Yes	No