

APPLICATION FOR EMPLOYMENT- PERSONAL DETAILS

PLEASE PRINT LETTERS USING A BLUE OR BLACK PEN

PERSONAL DETAILS		
First name:		
Last name:		
Date of birth:		
Address:		
	Suburb:	State: Postcode:
Phone number:		
Email address:		
EMPLOYMENT PREFERENCES		
Position applied for:		
How many hours a week would you like to work?		
When are you available to start, if successful?		
AVAILABILITY <i>(Your preference will be taken into account but cannot be guaranteed)</i>		
<input type="checkbox"/> Full availability		<input type="checkbox"/> Partial availability specified below:
Monday:	<input type="checkbox"/> Yes, from _____ until _____	<input type="checkbox"/> Not available
Tuesday:	<input type="checkbox"/> Yes, from _____ until _____	<input type="checkbox"/> Not available
Wednesday:	<input type="checkbox"/> Yes, from _____ until _____	<input type="checkbox"/> Not available
Thursday:	<input type="checkbox"/> Yes, from _____ until _____	<input type="checkbox"/> Not available
Friday:	<input type="checkbox"/> Yes, from _____ until _____	<input type="checkbox"/> Not available
Saturday:	<input type="checkbox"/> Yes, from _____ until _____	<input type="checkbox"/> Not available
Sunday:	<input type="checkbox"/> Yes, from _____ until _____	<input type="checkbox"/> Not available
REFERENCES		
<input type="checkbox"/> As per in my resume		<input type="checkbox"/> As specified below:
	Current/previous employer	Current/previous employer
Name:		
Company:		
Position:		
Phone number:		
Email address:		

EMERGENCY CONTACT DETAILS		
	Emergency contact 1	Emergency contact 2
Name:		
Relationship:		
Contact number:		
MEDICAL DETAILS <i>(please note, this information is collected for health and safety purposes only)</i>		
Please advise on any medical condition or information which we should be aware of in the case of an emergency:	<input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart problems <input type="checkbox"/> Other medical condition: _____ <input type="checkbox"/> I take regular medication called: _____ <input type="checkbox"/> I am allergic to: _____ I suffer from any injury or illness psychological conditions, which would impact on: <input type="checkbox"/> My ability to perform inherent requirements of the job: <input type="checkbox"/> My attendance at work: These conditions are: _____ I am aware/I have any knowledge of any pre-existing medical condition or injury which might act as an impediment to my ability to perform the inherent requirements of the job (refer to the position description): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____	
	Do you agree to a pre-medical examination by a GP if requested? <input type="checkbox"/> Yes <input type="checkbox"/> No And further, do you agree to a pre-medical examination by a specialist if required and requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have a current Hepatitis B inoculation? If not, are you prepared to have one?	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: Hepatitis B inoculation is only required for Allied Health staff members <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a Workcover Claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____
Do you have a current influenza vaccination?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date received: _____
Do you have a COVID-19 vaccination?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide dates received: First dose: _____ Second dose: _____ Booster: _____
DRIVERS LICENCE DETAILS	
Do you have a current Australian Drivers Licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No Expiry date: _____ Drivers Licence Number: _____
CURRENT PRACTICING CERTIFICATE (Clinical personnel only)	
AHPRA Number:	_____
Expiry Date:	_____
CITIZENSHIP DETAILS	
Are you an Australian citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, are you a permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, do you have a valid Australian visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No Expiry date: Restrictions:

STATUTORY DECLARATION

I confirm that I will complete a statutory declaration upon commencement. I also declare that I have never been convicted of murder or sexual assault; or convicted of, and sentenced to imprisonment for, and any other form of assault.

EMPLOYEE'S STATEMENT

I acknowledge that the information given to the best of my knowledge is accurate and correct.

I give permission for references to be checked according to the information I have supplied above and, in my resume/CV.

I acknowledge completely that the deliberate giving of false information with respect to my health assessment may lead to dismissal.

I understand that I am required to supply a national criminal history check every three years to the Association and that if I fail to do this I will be excluded from the roster until such time that I provide a current national criminal history record check that is to the satisfaction of the Association.

PUBLICATION CONSENT

During the course of your work, you may be photographed with clients or residents. If you give your consent, AAQ (and its related entities) may store those images and use or disclose those images in promotional material, publications, on our website or as part of newsletters and other material we publish. We will retain copyright and ownership of the images, and no payment will be made to you for our use of them. If you refuse to give your consent, your image will not be used by AAQ. If you do not provide any response below, we will presume that your consent is given.

Signature:**Date:**