



Application for Employment

The Albury Wodonga Health Service is an Equal Opportunity Employer and has adopted a Non-Smoking Policy in all of its Health Facilities

Position Applied For: _____
Position Number: _____
Site: _____

Section A: Personal Details

Title: _____ Surname: _____ Given Names: _____
Registered Name: _____
Residential Address: _____
Postal Address: _____
Email Address: _____
Business Phone: _____ Private Phone: _____ Mobile: _____

Section B: Additional Information

- 1) Are you currently employed by or have you previously been employed by Albury Wodonga Health Service (or have been employed by Great Southern Area Health Service)? Yes No

If "Yes", Details:

- 2) Do you have other employment that you intend maintaining if successful with this position? Yes No

If "Yes", Details:

- 3) Are you an Australian Citizen or Permanent Resident? Yes No

If "No", please provide proof of your eligibility to maintain employment within Australia:

- 4) Have you had a Workers Compensation Claim in the past five years? Yes No

If "Yes", provide details of injury / illness:

If "Yes", name of insurance company: _____

- 5) Have you received a redundancy payment from any public or government agency in the past 12 months? Yes No

If "Yes", please provide details:

- 6) Have you been reported to the HCCC for professional negligence or an adverse incident? Yes No

Please list the year(s) the incident occurred _____

Has the matter been resolved? Yes No

Do you grant approval for AWH to liaise with the HCCC for confirmation? Yes No

- 7) Have you been reported to your professional registration board for professional negligence or an adverse incident? Yes No

Please list the year(s) the incident occurred _____

Name of Registration Board / Professional Association _____

Has the matter been resolved? Yes No

Do you grant approval for awh to liaise with the Board / Association involved? Yes No

- 8) I found out about this vacancy by (Please tick appropriate box):

Newspaper _____
(Name of publication)

NSW HealthJobs
(Internet/Intranet Website)

Internet _____
(Name of Web Site)

Internal Staff Vacancy Circular

My Careers Website

Direct or Telephone Enquiry

Word of Mouth

Other (Please specify)

Section C: Health Declaration

Department of Health requirement as per NSW Health Circular 2000/89

I have read the inherent job requirements and job demands for the position and these requirements have been explained to me. I have ticked the appropriate statement below:

I am not aware of any health condition that might interfere with my ability to perform the inherent job requirements and job demands of this position.

I have a health condition that may require the employer to provide me with services or facilities (adjustments) so that I can successfully carry out the inherent job requirements and job demands of the position.

I understand that adjustments to the workplace can be made to assist employees with disabilities in carrying out the inherent job requirements and job demands of the position. Any adjustments I need have been discussed with the organisation prior to completing this health declaration.

I am aware that any false or misleading statements may threaten my appointment or continued employment.

Signature: _____

Date: _____

Section F: Qualifications & Supporting Information

Requirement for Documentation, Registration and/or Qualifications

Please note that at interview you will be required to provide documentary evidence of the following where applicable:

- your birth date
- any current qualifications or educational attainment (including degrees)
- motor vehicle driver's licence
- any professional licences and registrations as applicable
- copies of any statements of service that will assist in calculating your salary rate if applicable.
- for nursing staff, Nursing Service Record Book and/or statements of service from previous employers as applicable
- if statements of service are not available please complete Statutory Declaration of Service (last page).

This section must be completed in full where applicable. Alternatively you may provide a CV / Resume which addresses completely the information requested, as listed below.

If further details, Resume or CV attached, please specify:

Yes

No

Formal Qualifications

- Educational and other relevant skills / qualifications
- Include details of overseas qualifications

During Years	School or Institution	Qualifications	Awarded

Other Qualifications

Please include details of short courses undertaken / other skills obtained, eg fluency in languages, shorthand speed, office machine operation, switchboard skills, use of mechanical apparatus or equipment etc.

During Years	School or Institution	Qualifications	Awarded

Registrations / Memberships / Professional Affiliations

All registered health professionals must produce proof of current registration, including any conditions on registration.

Do you have current professional registration?

Yes

No

If "Yes", please complete the following:

Professional Organisation (eg NSW Nurses & Midwives Board)	Membership Details (eg Registered Nurse)	Membership Number

Employment History

A full work history is required. Include overseas as well as Australian work experience. Voluntary work experience may also be included. **It is the responsibility of recommended applicants to obtain documentary evidence of previous service to gain recognition under some awards with incremental year salary scales.** This section must be completed, or alternatively you may address these items by including details in your resume.

Dates	Name of Employer	Position	Reason for Leaving

Section G: Core Selection Criteria

As stated in the "Guidelines and Information for Applicants" document enclosed with this application form, you must provide a written statement with this application on your ability to meet / satisfy the Core Criteria. You must attach your written statement to this Application Form.

Section H: Referees

Please provide names and addresses of three business referees who may be contacted about your application. These referees will need to be current/previous Managers or Supervisors. If approached, these people will be asked to provide references and information about your past employment / education.

Name of Referee	Position Held	Organisation	Contact Phone No	E-mail Address

Consent

Do you agree to:

- a) The AWH requesting a confidential report from your previous employers

Yes No

If "No", why?

- b) The AWH requesting a confidential report from your current employers

Yes No

If "No", why?

Section I: Applicant's Declaration

I understand and agree:

- a) That all statements in this application are correct to my knowledge, that my qualifications are genuine and I give permission for the health service or its representative to verify the qualifications with the issuing institution.
- b) That the making of a false statement or omission of information of relevance in relation to this application can lead to dismissal and/or prosecution for any relevant offence.
- c) That the Albury Wodonga Health Service requires a check for a criminal record for all positions. This does not necessarily disqualify applicants from selection. If rejection of my application is considered purely because of a criminal record, I will be given the opportunity to discuss the matter fully before a final decision is made.
- d) That I will be required to produce, before commencing duties, documentary evidence of my birth certificate, education attainment and current professional registration.
- e) That it will be my responsibility to obtain and provide documentary evidence of all my previous service to gain recognition for award purposes before commencing duties.
- f) That where the agreed role of the position requires providing services at another location, it will be a condition of my employment that I am available to work at other facilities within the Albury Wodonga Health Service.
- g) That I may be required to submit to a medical examination if requested by an authorised person.
- h) That the terms and conditions of my employment will be in accordance with the appropriate industrial award or agreement and the policies of the health service.
- i) That if I am employed as a trainee my continued employment will be subject to maintaining satisfactory progress in both theoretical and practical training. There is no guarantee of employment at the end of the traineeship.
- j) That any discussion or disclosure of records or information concerning patients, staff or the health service generally is a serious betrayal of trust and could mean instant dismissal.
- k) The health service is a smoke free workplace and smoking is not permitted in buildings (including staff quarters) or vehicles.
- l) The health service is an equal employment opportunity employer.

Signature: _____ Date: _____

Quick Checklist

Before you submit your application, please ensure you have completed the following:

- The Application for Employment Form
- Employment Screening Consent – this forms part of the “Application for Employment Form”. Please ensure that you have included all other names (eg maiden name) and signed the consent form.
- Attach copies of any relevant qualifications, registrations, documentation and previous statements of service that support your application.
- Attach your written statement relating to the Core Selection Criteria.
- If you have not completed Section F, please attach your CV / Resume.
- Read and understood the Guidelines and Information for Applicants

If you are successful in gaining an interview for the position, please remember to bring with you proof of identification (eg driver’s license, passport etc).

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APPLICANT DECLARATION AND EMPLOYMENT SCREENING NSW HEALTH CONSENT FOR CHILD RELATED EMPLOYMENT

Provide your full name as well as any other names / aliases by which you have been known. Employers are required to sight applicant's original identifying documents as per 100 point ID check and retain copies of identification documents

	Family Name	First Given Name	Given Name 2	Given Name 3
Primary Name				
Maiden Name (if applicable)				
Complete Previous / Alias Name if any and circle the appropriate name type				
Previous/Alias Name 1				
Previous/Alias Name 2				
Previous/Alias Name 3				
Previous/Alias Name 4				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	/ /	(dd/mm/yyyy)
Place of Birth	Suburb/Town:			
	State:		Country:	
Current Residential Address	No/Street:			
	Suburb/Town:			
	State:		Postcode:	Country:
Postal Address <small>(if same as Residential Address, write "As Above")</small>				
Previous Address <small>(if any)</small>	No/Street:			
	Suburb/Town:			
	State:		Postcode:	Country:
Email				
Telephone No	Mobile:	Business:	Private:	
Title of Child Related Position	<small>(specify its child-related nature eg 'child care assistant', not 'assistant')</small>			
Type of Position <small>(Please tick)</small>	<input type="checkbox"/> Paid Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Volunteer providing intimate personal care to disabled children <input type="checkbox"/> Volunteer providing mentoring to disadvantaged children <input type="checkbox"/> Minister, priest, rabbi, mufti or other like religious leader or spiritual officer of a religion or other member of a religious organisation <input type="checkbox"/> Licensee for prescribed children's services			
<small>If you have used one of these documents to verify your identity, please fill in these details:</small>				
Driver's Licence	Number:		Issuing State:	
Firearms Licence	Number:		Issuing Agency:	
Passport details	Number:	Type: <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> UN Refugee	Issuing Country:	

It is an offence for a prohibited person to apply for, attempt to obtain, undertake or remain in child-related employment, or to sign this declaration.

A prohibited person is a person who is convicted of the following (whether in NSW or elsewhere):

- murder of a child
- serious sex offence, including carnal knowledge
- child-related personal violence offence (an offence committed by an adult involving intentionally wounding or causing grievous bodily harm to a child)
- indecency offences punishable by imprisonment of 12 months or more
- kidnapping (unless the offender is or has been the child's parent or carer)
- offences connected with child prostitution
- possession, distribution or publication of child pornography; or
- attempt, conspiracy or incitement to commit the above offences.

A prohibited person includes a Registrable person under the *Child Protection (Offenders Registration) Act 2000*.

A conviction includes a finding that the charge for an offence is proven, or that a person is guilty of an offence, even though the court does not proceed to a conviction.

Details of these offences and Employer Guidelines can be found online at [http://kids.nsw.gov.au/ Guidelines/FactSheet 1](http://kids.nsw.gov.au/Guidelines/FactSheet 1)

Applicant Declaration and Employment Screening Consent Form for Child Related Employment (page 2)

DECLARATION

I am the applicant named in this form. All information in this form, and identification documents provided for this application, are true and correct. I understand that if I have provided false or misleading information it may result in a decision not to employ me, or, if already employed, may lead to my dismissal.

I have not omitted any names or aliases that I use or used in the past.

I have read and understood the contents of this form and the relevant information in the Working With Children Guidelines. I declare that I am not a prohibited person under the *Commission for Children and Young People Act 1998* and I understand that it is an offence for a prohibited person to seek child-related employment.

I am aware that if considered for child-related employment with NSW Health, several checks will be undertaken to ascertain my suitability, including checks directly related to child related employment and checks related to more general suitability for employment in the public sector.

1. In relation to checking for general public sector employment national criminal record check for all charges which have not been heard or finalised by the court and for all convictions vetted in accordance with the Criminal Records Act 1991 or, if a Commonwealth offence, the Commonwealth Crimes Act 1914.
2. In relation to undertaking a Working With Children Check:
 - National criminal record check for charges and/or convictions (including spent convictions, convictions or charges that may have not been heard or finalised by a court; or are proven but have not led to a conviction; or have been dismissed, withdrawn or discharged by a court) for:
 - any sexual offence (including but not limited to, sexual assault, acts of indecency, child pornography, child prostitution and carnal knowledge);
 - any child-related personal violence offence;
 - any assault, ill treatment or neglect of, or psychological harm to a child and any registrable offence; punishable by imprisonment for 12 months or more.

In addition:

- Check for relevant Apprehended Violence Orders taken out by a police officer or other public official for the protection of a child or children; and
- Check for relevant employment proceedings notified to the Commission for Children and Young People under the *Commission for Children and Young People Act 1998*.

I understand that both checks will be undertaken by the Department of Health who is also an Approved Screening Agency.

CONSENT

I consent to these checks being conducted and consent to the Commission for Children and Young People or an Approved Screening Agency obtaining any relevant record identified by these checks and any additional information relating to that record from sources such as courts, police, prosecutors and past employers to enable a full and informed **estimate of risk and/or Employment Risk Assessment**. I consent to these sources disclosing information relating to the Working With Children Check relevant records to the Commission for Children and Young People and/or Approved Screening Agency.

I acknowledge that:

1. In relation to a Working With Children Check:

- the information obtained during the Working With Children Check, including this consent, may be collected and used by and/or disclosed to the Commission for Children and Young People or an Approved Screening Agency for relevant purposes of the Working With Children Check;
- the Commission for Children and Young People and Approved Screening Agencies may share the information obtained during the Working with Children Check for the purposes of the Working with Children Check;
- the outcome of an estimate of risk will be provided to my prospective employer or their employer-related body;
- the information provided may be referred to the Commission for Children and Young People and/or to NSW Police for law enforcement purposes and for monitoring and auditing compliance with the procedures and standards for the Working With Children Check in accordance with Section 36 (1)(f) of the *Commission for Children and Young People Act 1998*.
- my relevant records under the *Commission for Children and Young People Act 1998* will not be released to the Health agency through which I am seeking employment;

2. In relation to a National Criminal Record Check:

- the information provided will be used and/or disclosed by the Department of Health for the purposes of undertaking the check and in this context, the information obtained as part of the National Criminal Record Check may be provided to the Health agency through which I am seeking employment to ascertain my suitability;

3. Generally

- any information obtained as part of this process may be used by Australian Police Services for law enforcement purposes, including the investigation of any outstanding criminal offences.

Name: _____

Signature: _____ Date: _____

NOTE: This form is to be kept by the employer.

NATIONAL CRIMINAL RECORD CHECK CONSENT FORM NSW HEALTH

Provide your full name as well as any other names / aliases by which you have been known. Employers are required to sight applicant's original identifying documents as per 100 point ID check and retain copies of identification documents.

	Family Name	First Given Name	Given Name 2	Given Name 3
Primary Name				
Maiden Name (if applicable)				
Complete Previous / Alias Name if any and circle the appropriate name type				
Previous/Alias Name 1				
Previous/Alias Name 2				
Previous/Alias Name 3				
Previous/Alias Name 4				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	/ /	(dd/mm/yyyy)
Place of Birth	Suburb/Town:			
	State:		Country:	
Current Residential Address	No/Street:			
	Suburb/Town:			
	State:		Postcode:	Country:
Postal Address <small>(if same as Residential Address, write "As Above")</small>				
Previous Address <small>(if any)</small>	No/Street:			
	Suburb/Town:			
	State:		Postcode:	Country:
Email				
Telephone No	Mobile:	Business:	Private:	
Position Applied	Type of Position		<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	
If you have used one of these documents to verify your identity, please fill in these details:				
Driver's Licence	Number:		Issuing State:	
Firearms Licence	Number:		Issuing Agency:	
Passport details	Number:		Issuing Country:	
	Type: <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> UN Refugee			

1. I acknowledge that I have read the Information sheet provided with this Form and understand that the position for which I am being considered is in a category for which NO exclusion has been granted from the application of the Spent Convictions Scheme, as described under the heading "Spent Convictions Schemes" in the Information sheet.
2. I certify that I am the applicant herein and that all the details that I have provided are true and correct and that I have not omitted any Maiden Name, previous names or aliases that I have used in the past;
3. I acknowledge that any information provided by me on this Form or by Australian Police Services as a result of the records check may be taken into account by NSW Health in assessing my suitability for the above position.
4. I consent to: (i) my employer forwarding details obtained from this form to NSW Health;
(ii) NSW Health forwarding details obtained from this form to the CrimTrac Agency and/or to Australian police services or other relevant law enforcement agencies.
5. I consent to:
 - (i) the CrimTrac Agency making enquiries to Australian Police Services;
 - (ii) Australian Police Services obtaining and disclosing from their records personal information about me, including any outstanding charges, criminal convictions and findings of guilt recorded against me for any offences in any jurisdiction, that may be disclosed according to the laws of the jurisdiction and, in the absence of any laws governing the release of that information, according to the jurisdiction's information release policy, and forwarding relevant information to the CrimTrac Agency; and
 - (iii) the CrimTrac Agency providing relevant information to NSW Health for the purposes of allowing NSW Health to assess my suitability in relation to my employment.

I am aware that if any such records are identified, NSW Health may seek additional information relating to that record from sources such as courts, police, prosecutors and past employers. I understand that the purpose of seeking this information is to enable a full and informed employment risk assessment and that where other information is available, NSW Health will obtain that information for employment risk assessment purposes only. I acknowledge that any information obtained as part of this process may be used by Australian Police Services for law enforcement purposes including the investigation of any outstanding criminal offences.

Name: _____ Signature: _____ Date: / /

GENERAL INFORMATION

This Form is used by NSW Health as part of the assessment process to determine whether a person is suitable for employment or other engagement for work.

Unless statutory obligations require otherwise, the information provided on this Form will not be used without your prior consent for any purpose other than in relation to the assessment of your suitability. You may be required to complete another consent form in the future in relation to employment in other positions.

CRIMINAL HISTORY RECORD CHECK

Criminal history record checks are an integral part of the assessment of your suitability. Information extracted from the Form will be forwarded to the CrimTrac Agency, other Australian police services or other law enforcement agencies for checking action. By signing the Form you are providing your consent to these agencies:

- a) disclosing criminal history information that pertains to you from their own records to NSW Health; and/or
- b) accessing their records to obtain criminal history information that in turn will be disclosed to NSW Health.

Such criminal history information may include outstanding charges, and criminal convictions/findings of guilt recorded against you that may be disclosed according to the laws of the relevant jurisdiction and, in the absence of any laws governing the release of that information, according to the relevant jurisdiction's information release policy.

It is usual practice for an applicant's personal information to be disclosed to Australian police services for them to use for their respective law enforcement purposes including the investigation of any outstanding criminal offences.

SPENT CONVICTIONS SCHEMES

New South Wales

In New South Wales the Criminal Records Act 1991 (NSW) governs the effect of a person's conviction for a relatively minor offence if the person completes a period of crime-free behaviour, and makes provision with respect to quashed convictions and pardons.

A "quashed" conviction is a conviction that has been set aside by the Court. A "pardon" means a free and absolute pardon that has been granted to a person because he/she was wrongly convicted of a Commonwealth, Territory, State or foreign offence.

In relation to NSW convictions, a conviction generally becomes a "spent conviction" if a person has had a ten year crime-free period from the date of the conviction. However, certain convictions may not become spent convictions. These include:

- where a prison sentence of more than 6 months has been imposed;
- convictions imposed against bodies corporate;
- convictions for sexual offences; and
- convictions prescribed by the regulations.

For more information on spent convictions in NSW contact NSW Privacy on phone (02) 9268 5588.

Other Australian Police Services

Where a criminal history record with another Australian police service has been obtained, any relevant legislation (and/or release policy) affecting that police service will be applied before that record is released. Under various pieces of Commonwealth, State and Territory legislation a person has the right, in particular circumstances or for a particular purpose, to not disclose certain convictions/findings of guilt over a certain age. Such convictions (widely referred to as "spent" or "rehabilitated" convictions) will not be released unless the records check is for the applicant's personal information only and provided that this is in accordance with relevant legislation (and/or release policy). Please contact individual police services directly for further information about their release policies and any legislation that affects them.

PROVISION OF FALSE OR MISLEADING INFORMATION

You are asked to certify that the personal information you have provided on this form is correct. If it is subsequently discovered, for example as a result of a check of police records, that you have provided false or misleading information, you may be assessed as unsuitable or, if already employed, may lead to your dismissal.

You should note that the existence of a record does not mean that you will be assessed automatically as being unsuitable. Each case will be assessed on its merit, so it is in your interests to provide full and frank details in the form.

(Part B) Convenor / Supervisor / Manager Must Complete for recommended

Applicant and Submit to Employment & Recruitment Unit

Fax: 02 6023 7183

Email: employment.screening@gsahs.health.nsw.gov.au

Ezisuite Position or Forms Code No:		Position Title:	
Site:			
Classification:			
Cost Centre:			
Contact person:		Phone :	
Signature:		Date:	

(Part C) Employment & Recruitment Use Only

Date conducted:		Serial No:	
Date finalised & by whom:		CRC ID No:	
Date notified & by whom:		Notified by:	<input type="checkbox"/> Phone <input type="checkbox"/> E-mail
Signature:		Date:	
<i>(Signature of Officer who has checked this form)</i>			

100 Point Identification Check

Instructions:

1. The 100 point identification check **must** be completed prior to lodgement of a National Criminal Record Check or Working With Children Check or Aged Care Check.
2. Employers are required to sight original identifying documents, certify a photocopy which is to be retained on the applicant's **personnel** file, and ensure that an appropriately delegated officer completes the record of identifying documents below.
3. Identification must be current and should include at least one type of photographic ID and identification that contains a signature and date of birth.
4. The point score of documents produced must total at least 100 points.

Applicant's Name: _____

DOCUMENTS	POINTS
<p>Verify the name of the preferred applicant using one of:</p> <ul style="list-style-type: none"> - Birth Certificate - Birth Card issued by the NSW Registry of Births, Deaths and Marriages - Citizenship Certificate - Current Australian passport - Expired Australian passport which has not been cancelled and was current within the preceding 2 years - Current passport from another country or diplomatic documents 	70
<p>Verify the name and photograph/signature of preferred applicant from one or more of these (the first item used from this list is worth 40 points. Any additional items used are worth only 25 points each):</p> <ul style="list-style-type: none"> - Current driver photo licence issued by an Australian state or territory - Identification card issued to a public employee - Identification card issued by the Australian or any state government as evidence of a person's entitlement to a financial benefit - Identification card issued to a student at a tertiary education institution. - Name of preferred applicant verified in writing, signed by both the person giving it and the applicant, from one of the following: <ul style="list-style-type: none"> - A financial body certifying that the applicant is a known customer. - An acceptable referee under AUSTRAC Guideline No. 3 (www.austrac.gov.au/files/guideline_3.pdf) 	40
<p>Verify name and address of preferred applicant from one or more of these:</p> <ul style="list-style-type: none"> - Document held by a cash dealer giving security over property - A mortgage or other instrument of security held by a financial body - Council rates notice - Document from current employer or previous employer within the last two years - Land Titles Office record - Document from the Credit Reference Association of Australia. 	35

DOCUMENTS	POINTS
Verify name of preferred applicant from one or more of these: <ul style="list-style-type: none"> - Current credit card or account card from a bank, building society or credit union - Current telephone, water, gas or electricity bill - Foreign driver's licence - Medicare Card - Electoral roll compiled by the Australian Electoral Commission - Lease/rent agreement - Current rent receipt from a licensed real estate agent - Records of a primary, secondary, or tertiary educational institution attended by the applicant within the last 10 years - Records of a professional or trade association of which the applicant is a member. 	25
Verify name of preferred applicant using: <ul style="list-style-type: none"> - one document from the 70 point list above or - a student card or a letter signed by the principal, deputy principal, head teacher, deputy head teacher or enrolment officer, confirming that the applicant currently attends the institution. 	Applicants under 18

Employers to note: if an applicant is unable to provide documents to meet the identification requirements due to their personal circumstances or special needs, the employer should contact his or her Approved Screening Agency for assistance.

Record of identifying documents:

Please record relevant details in the table below:

Description of document	Date of Issue	Place/ Office of issue/ issuing organisation	Expiry date	Ref. or doc. number	Points
Total points					

Name and position title of officer sighting documents	Date:
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NOTE: This 100 point identification is adapted to accord with the Commonwealth *Financial Transaction Reports Act 1988* as required by the CrimTrac Agency and NSW Commission for Children and Young People – Working with Children Check Guidelines February 2010.

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