

Bushland Health Group Limited



Karingal Gardens / Alkira Lodge / Banyula Lodge

APPLICATION FOR EMPLOYMENT NURSING STAFF

Note:

1. All information provided on this application form shall be regarded as private and confidential.
2. If your application is unsuccessful, this form shall be kept for a period not exceeding six months and then destroyed.
3. All supporting documentation must be provided before this application will be assessed.
4. This facility is a smoke free workplace.
5. Should you be offered employment with this facility you shall be employed under the terms and conditions of the relevant agreement.

Revised	Mar 04	Feb 08	Nov 08	Jan 14	Jan 15	Nov 17	Mar 19	Nov 19			
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APPLICATION FOR EMPLOYMENT – NURSING STAFF

POSITION APPLIED FOR: _____

DATE: _____

PERSONAL INFORMATION

Surname _____

Given Names _____ Preferred Name _____

Address _____

_____ Postcode _____

Email _____

Telephone Mobile _____ Home _____

Date of Birth ____/____/____ Country of Birth _____

If born in Australia, since turning 16 years of age, have you been a citizen or permanent resident of a country other than Australia? YES NO

Do you hold a current Driver's Licence? YES NO

If not born in Australia;

Are you an Australian Resident? YES NO

Do you hold a current work permit? YES NO

DETAILS OF NURSING EDUCATION

Certificates Held	Training Period		Name of Institution	NSW Nurses' Reg Board No
	From	To		

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PARTICULARS OF PREVIOUS EMPLOYMENT

Have you worked for this organisation before? YES NO

If "Yes" from ____/____/____ to ____/____/____

Details of most recent position first;

1. Organisation _____ Phone _____

Address _____

Position held _____ from ____/____/____ to ____/____/____

Reason for leaving _____

What skills or training did you obtain? _____

2. Organisation _____ Phone _____

Address _____

Position held _____ from ____/____/____ to ____/____/____

Reason for leaving _____

What skills or training did you obtain? _____

3. Organisation _____ Phone _____

Address _____

Position held _____ from ____/____/____ to ____/____/____

Reason for leaving _____

What skills or training did you obtain? _____

4. Organisation _____ Phone _____

Address _____

Position held _____ from ____/____/____ to ____/____/____

Reason for leaving _____

What skills or training did you obtain? _____

TOTAL NURSING HOURS WORKED _____

Please provide details for two persons who will give a professional reference on your behalf. A professional reference should be your direct supervisor or management (written references may be attached to this form)

Name	Organisation	Position	Phone Number

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