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.

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Revised	Revised Mar 04 Feb 08 Nov 08 Jan 14 Jan 15 Nov 17 Mar 19 Nov 19										

APPLICATION FOR EMPLOYMENT – NURSING STAFF

POSITION APPLIED FOR:			DATE:
PERSONAL INFORMATION			
Surname			
Given Names	Prefer	red Name	
Address			
		Postcode _	
Email			
Telephone Mobile		Home	
Date of Birth /	Country of Bi	irth	
If born in Australia, since turning 16 years of a	ge, have you b	een a citize	n 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 From	y Period To	Name of Institution	NSW Nurses' Reg Board No		
	110111	10		Doard No		

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PARTICULARS OF PREVIOUS EMPLOYMENT

Have you worked for this organisation be If "Yes" from/ to Details of most recent position first;		ES [] NO	
1. Organisation		Phone _		
Address				
Position held				
Reason for leaving				
What skills or training did you obtain?				
2. Organisation		Phone _		
Position held		_/	to	 _/
Reason for leaving				
What skills or training did you obtain?	 			

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3. Organisation		Phone					
Address							
Position held	from	/	/	to	/	/	
Reason for leaving							
What skills or training did you obtain?							
4. Organisation							
Address							
Position held							
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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Revised	Mar 04	Feb 08	Nov 08	Jan 14	Jan 15	Nov 17	Mar 19	19 Nov 19				

Do you have or have you ever had a compensable injury or disability which may prevent you from fulfilling the Job Description of the position for which you are applying? Yes / No If so please describe:

DECLARATION

I declare that all the information supplied on this application for employment is true and correct to the best of my knowledge. I understand that if I have supplied any false and / or misleading information on this form I may be dismissed without notice.

Applicant's Signature

Print Name

/___/__ Date

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