

St Mary's Villa

Residential Aged Care

Application for Employment

- St Mary's Villa promotes equality and diversity in employment opportunity
- All information provided here will be treated in the strictest confidence
- If your application is unsuccessful, this form shall be kept for a period not exceeding six (6) months and then destroyed
- . All supporting documentation must be provided before this application will be assessed
- · If offered employment, this form will become the basis of your personnel file

Please complete this form as accurately and neatly as possible. Use block letters

Position Applied for:				Date	of Application:
Available to commence	e:				
YOUR PERSON	AL DETAILS				
Title: (please tick ✓)	☐ Mr	☐ Mrs ☐	J Ms	☐ Miss ☐	Other (please specify)
Surname:		(please print)			
Given Name(s):		(please print)			Preferred Name:
Practicing Name: (if different Health profess	sionals only)				
Home Address:					
					Postcode:
Contact Phone:	Mobile:			Home:	<u> </u>
	Work:				
Email address:					
Person to Contact in	an Emergency:				
Name:					
Relationship:					
Contact Phone:	Mobile:				
	Home:				
	Work:				

EQUAL E	MPLOYME	NT OPPORTU	YTIV			
Country of Bir	th			Nationality		
Do you speak a language(s) other than English? Yes (please specify below) No						
	a encourages a	npplications from Indi	genous Austra	_	Yes	☐ No
Are you a Torres Strait Islander person?				☐ Yes		□ No
<i>St Mary's Villa</i> Do you have a		plications from peopl	e with disabili		l _{Yes}	□ No
If yes; please	indicate how th	ne workplace might b	e adjusted to	overcome any bar	riers th	nat may affect your performance.
Documents at (please tick ✔)	ttached:	C	Birth Certificate	Citizenship Certificate		Passport
Do you curre	ently hold an A	ustralian Department	of Immigratio	n Visa? 🔲 Ye	s	□ No
If yes; specif	fy type?			Expiry	Date:	
What; if any	work restriction	ns apply?				
	ns likely to affe	ries, disabilities or ect your ability to [Yes (pleas	se give brief details b	elow)	□ No
		- -				
		_				
		E (or attach Resume) Il-time work. Start at yo	ur current job a	nd work back in time	-	
From Month/Year	To Month/Year	Employer		Job Title		Reason for Leaving

Are you registered to practice with the Australian Health Practitioners Regulation Agency (AHPRA)?		☐ Yes (please specify below) ☐ No				
		Registration No:				
Membership of professional organisations (please specify):						
A current police check of Mary's Villa Do you have one that is le			Yes (please attach) No (if successful one will be conducted on your b			
RELEVANT EDUC	ATION / Q	UALIFICATIONS	(or attach Resume)			
Training / Certificat	e Courses	Completed				
Date:	From:		To:			
Institution:						
Qualifications Gained:						
Date:	From:		To:			
Institution:						
Qualifications Gained:						
Tertiary Studies Co	mpleted					
Date:	-		To:			
Institution:						
Qualifications Gained:						
Date:	From:		To:			
Institution:						
Qualifications Gained:						
Details of Current S	Studies					
Date:	Commence	ed:	Expected completion date:			
Institution:						
Course Name:						
Basis of study:	ull-Time	☐Part-Time ☐ Or	nline / external			

RECENT EMPLOYMENT REFEREES (2) REQUIRED (MUST BE SUPERVISOR LEVEL)

		NUMBER 1	NUMBER 2					
Na	Name:							
Tit	Title:							
Ph	Phone Number:							
Re	Relationship to you:							
Re	Referee's Employer:							
C	CONDITIONS OF EMPI	LOYMENT						
•	St Mary's Villa is a smoke-fi breaks.	ree workplace. Smoking is only permitte	d in designated outdoor areas in official meal					
•	As part of the selection/recrexamination.	As part of the selection/recruitment process, you may be required to participate in a pre-employment medical examination. As part of the recruitment/selection process, you may be required to participate in this organisation's immunisation program designed as a WH&S measure.						
•								
•	Employment is offered at S	t Mary's Villa under the terms and condit	ions of:					
	i) the relevant award/agre	eement						
	ii) the policies/procedures	3						
	iii) the staff handbook.							
	All staff appointments	s are subject to a clear criminal red probationary period	cord check and a satisfactory 6-month d.					
_ A	ACKNOWLEDGEMENT	 Г						
for	or employment is true and co		thermore, the information stated on my application d belief. I am aware that any false or inaccurate or my dismissal.					
Się	Signature:		Date:					