

EMPLOYMENT DETAILSType of employment preferred: Full Time Part Time CasualLocation: The Bays Hospital Mornington The Bays Hastings Dialysis UnitThe Bays Aged Care Facility Hastings

What area of the organisation would you like to work in? (Nursing, Kitchen, etc.)

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How did you hear about this position? Paper SEEK Word of Mouth Other (Specify).....Have you been employed by The Bays Healthcare Group Inc before? Yes No**PERSONAL DETAILS**Title: Mr Ms Mrs Other (Specify)

Surname:..... Given Names:

Address:

Suburb:

Home Ph: Mobile:

Email:

Are you an Australian citizen or Australian Permanent Resident? Yes NoDo you hold a visa to work in Australia? Yes No**NURSING QUALIFICATIONS**

Qualification held	Year obtained	Institute where obtained
Undergraduate course		
Post Graduate Course: _____		
Division 2 Nurse		
Medication Endorsed Div 2		
Medication Endorsed Div 2 Injectables		
Cert 3 in Aged Care		
Cert 4 in Aged Care		
Other : _____		

ALLOWANCES

Nursing Qualification allowances are payable as per our Enterprise Agreements. If you believe you are entitled to a qualification allowance you will need to have an original copy of your certificate verified by either HR or your Manager on commencement, if entitled this allowance will be paid from the date of verification.

MEDICAL

Do you have any past or current medical condition which may affect your performance in the role applied for, or which may be aggravated or worsened by the duties of the role?

Yes No

If yes, please describe in detail:

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Under the Accident Compensation Act 1985 it is a requirement to inform The Bays Hospital Group Inc of all pre existing injuries or diseases, both physical and psychological, that you are aware of that could effect the position you have applied for.

DECLARATION:

I understand that a probationary period, which will be outlined in my letter of offer, should an offer be made, will apply and that either party may terminate employment without notice during the probationary period.

I hereby affirm that all of the information given by me in this application for employment is true and correct and that I have not knowingly withheld any circumstances or facts that would, if disclosed, affect my application. I understand that if I am considered for employment, the information provided in this application and my employment and personal history may be subject to investigation by The Bays Hospital Group Inc and I hereby authorise such investigations to be made. If employed I understand that I shall be subject to the companies policies and procedures.

I understand that deliberate inaccuracies or omissions may result in non acceptance of this application and/or disciplinary action which may lead to the termination of employment.

Signature:.....

Date.....