

EMPLOYMENT DETAILS

Type of employment preferred: Full Time Part Time Casual

Location: The Bays Hospital Mornington The Bays Dialysis Hastings
 The Bays Aged Care Hastings

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

How did you hear about this position?
 Paper SEEK Word of Mouth Specify

Have you been employed by The Bays Healthcare Group Inc. before? Yes No Detail:.....

Do any Family members work at The Bays Healthcare Group? Yes No Detail:.....

PERSONAL DETAILS

Title: Mr Ms Mrs Other (Specify)

Surname: Given Names:

Address:.....

Suburb:..... Post Code:

Home Ph:..... Mobile:

Email:.....

Are you an Australian citizen or Australian Permanent Resident? Yes No

Do you hold a visa to work in Australia? Yes No

QUALIFICATIONS (attach evidence)

Qualification held	
Undergraduate course	Medication Endorsed Div 2
Post Graduate Course:	Medication Endorsed Div 2 Injectables
Division 2 Nurse	Cert 3 in Aged Care
Masters	Cert 4 in Aged Care
Other:	

ALLOWANCES

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.

Police Check provided Yes No Working with Children Check provided Yes No

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
 Muscular Skeletal Back Neck Joint Pain Cardio Vascular
 Other

If yes, please describe in detail:

.....

.....

DECLARATION:

I declare that the information that I have provided in this document is true and correct. I hereby authorise that any information disclosed and revealed by medical examinations be provided to The Bays.

Pursuant to S.82(7) and (8) of the Accident Compensation Act, you are required to disclose to your employer any pre-existing injury or disease that you have suffered of which you are aware and could reasonably be expected to foresee could be affected by the nature of the proposed employment referred to above.

We advise that a failure to make a disclosure, or the making of a false or misleading disclosure, would disentitle you to compensation pursuant to the Accident Compensation Act should you suffer any recurrence, aggravation, acceleration, exacerbation or deterioration of your pre-existing injury or disease arising out of or in the course of or due to the nature of employment with The Bays.

Indeed, The Bays will rely upon any failure to disclose in accordance with the provisions of the Accident Compensation Act as grounds for denying compensation in accordance with S.82(7) and (8).

Signed: Print Name:..... Date:

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