



APPLICATION FOR EMPLOYMENT

to be attached to letter of application

POSITION			
APPLICANTS DETAILS			
NAME			
	LAST	FIRST	MIDDLE
ADDRESS			
	STREET ADDRESS		
	TOWN	STATE	POST CODE
HOME PHONE	()	MOBILE	
EMAIL			
BIRTH DATE			
NEXT OF KIN			
NAME			
RELATIONSHIP			
ADDRESS			
PHONE NUMBER	IN CASE OF EMERGENCY		

MEDICAL DISCLOSURE

In accordance with section 41 of the Workplace Injury Rehabilitation and Compensation Act 2013 (“the Act”), you are required to disclose any or all pre-existing injuries, illnesses or diseases (“pre-existing conditions”) suffered by you which could be accelerated, exacerbated, aggravated or caused to recur or deteriorate by you performing the responsibilities associated with the employment for which you are applying with the company (“the employment”).

In making this disclosure, please refer to the position description provided, which describes the nature of the employment. It includes a list of responsibilities and physical demands associated with the employment.

Where you have a pre-existing condition, consideration will be given to reasonable modification to the environment or tasks if possible or practical.

Please note that, if you fail to disclose this information or if you provide false and misleading information in relation to this issue, under subsection 41(2) of the Act you and your dependants may not be entitled to any form of workers' compensation as a result of the recurrence, aggravation, acceleration, exacerbation or deterioration of a pre-existing condition arising out of, in the course of, or due to the nature of your employment.

Please also note that the giving of false information in relation to your application for employment with the company may constitute grounds for disciplinary action or dismissal. YES NO

If Yes, supply details _____

PRE-EMPLOYMENT HEALTH AND VACCINATION CHECKS

All new employees of BDH are required to have a current Fluvax and COVID-19 vaccination. In accordance with the Department of Health recommendations for Immunisation of Health Care Workers, Boort District Health is required to record immunisation histories of employed health care workers. This also includes written documentation of Consent or Refusal to participate in the Boort District Health Staff Immunisation Program and immunity to vaccine preventable diseases. This information is also used to manage and prevent potential outbreaks.

Will you consent to participate in the BDH Staff Immunisation Program? YES NO

EMPLOYMENT INFORMATION

Have you ever claimed worker's compensation for an injury/disease?

YES NO

If Yes, supply details _____

PAST SERVICE

If you are eligible to carry forward previous service within the Public Sector how many years of service count? _____

Have you taken any LSL? YES NO No. of weeks _____

PROFESSIONAL REGISTRATION

Do you have any professional Registrations/Affiliations?

***Please attach a copy of your professional registration/and or qualifications*

AHPRA registration number: _____

POLICE CHECK/WORKING WTH CHILDREN CHECK

Do you have a current National Police Certificate less than 3 months old? YES NO

A Police Check can be carried out on orientation day if you do not have one.

Do you have a current Working With Children Check? YES NO

AVAILABILITY

Are you willing to work shift work? YES NO

Are you willing to work weekends? YES NO

CERTIFICATION

I certify that to the best of my knowledge these particulars are correct, and that I have not knowingly provided any false or inaccurate information. It is further noted that false information knowingly supplied on this application form may result in this application being rejected, or if already employed, services may be terminated.

SIGNATURE _____ DATE _____
Applicant

The information on this form is supplied on the understanding that it will be treated as CONFIDENTIAL.

No information will be disclosed by the Health Service to any unauthorised person.

Please return this form to

**Private & Confidential
Corporate Services Manager
Boort District Health
PO Box 2
BOORT VIC 3537**

employment@bdh.vic.gov.au

Office Use Only:

Date Received: _____ Signature: _____