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| Hospital Name: | RHC-Bubble Logo-for-SEEKAPPLICATION FOR EMPLOYMENT – CLINICAL(Including Nursing, Medical and Registered Health Support) |
|      *(Hospital to complete)* | Please complete this *Application Form*  Hospital to Complete Return Instructions here  |

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| PERSONAL DETAILS Surname:       First Name:       Male [ ]  Female [ ]  Address:      Date of Birth:       Home Email:      Phone (home):       (mobile):       (work – if appropriate):      Are you registered to practice in your field of expertise in Australia: Yes [ ]  OR No [ ]  If so, please tick the relevant registration type: Registered Nurse [ ]  Enrolled Nurse [ ]  Midwife [ ]  Radiographer [ ] Physiotherapist [ ]  Medical Practitioner [ ]  Occupational Therapist [ ]  Speech Pathologist [ ]  Psychologist [ ] Other (please specify)      If you are an Enrolled Nurse, please indicate whether you are qualified in the administration of medicines: Yes [ ]  No [ ]  List any other countries where you hold current registration:      Are you legally entitled to work in Australia? Yes [ ]  OR No [ ]  (verification of your eligibility to work in Australia will be required) Indicate your current work rights: Australian Citizen [ ]  Permanent Resident [ ]  Require Sponsorship [ ]  Holder of Working Visa [ ]  Subclass visa type      Have you previously worked for Ramsay Health Care? Yes [ ]  OR No [ ]  If yes, which Ramsay hospital have you worked for?       What year was this?       |

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| POSITION APPLIED FOR:       Date of Application:      If successful with this application, what date could you commence employment?      Type of employment you are seeking: [ ]  Full Time [ ]  Part Time (no. of hours per wk       ) [ ]  CasualFor shift workers and casuals only: What shifts and days are you available to work?Early Morning [ ]  Night Duty [ ]  Any time [ ] Day [ ]  Weekends [ ] Evening [ ]  Which week days? Mon [ ]  Tues [ ]  Wed [ ]  Thurs [ ]  Fri [ ]  Sat [ ]  Sun [ ]  |

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| EDUCATION (not necessary to complete if CV / Resume contains education details, and is attached to this application)High School: Level:       Year Attained:      Tertiary Qualifications: Qualification:       Year Attained:      University/TAFE/Recognised College:       Qualification:       Year Attained:      University/TAFE/Recognised College:      Current Studies: Qualification:       Expected Date of Completion:      University/TAFE/Recognised College:       |
| EMPLOYMENT HISTORY (not necessary to complete if detailed CV / Resume is attached to this application)1. Employer:       Employed from:       to:       Hours per week:       Position Held:      Reason for leaving:      Major Responsibilities:            2. Employer:       Employed from:       to:       Hours per week:       Position Held:      Reason for leaving:      Major Responsibilities:            3. Employer:       Employed from:       to:       Hours per week:       Position Held:      Reason for leaving:      Major Responsibilities:             |
| EMPLOYMENT REFEREES *\*Please supply two work related referees. Most recent employer is preferred.*Name:       Position:      Working Relationship to you:      Company/Organisation:      Phone:       Email:      Name:       Position:      Working Relationship to you:      Company/Organisation:      Phone:       Email:       |

**Please note: Referees will only be contacted after interview.**

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HEALTH RECORD

Name:

In accordance with internal policy and obligations under Occupational Health and Safety legislation, Ramsay Health Care is committed to providing a safe work environment for all staff. In an effort to assist us to meet these obligations, you are requested to complete the following questionnaire. The information provided on this form will assist us in developing strategies to reduce risks of injury, infection or harm to our staff.

*Please note: The information that you disclose on this form is for the internal use of Ramsay Health Care only and will be kept strictly confidential.*

ALL APPLICANTS - *MUST COMPLETE THE FOLLOWING QUESTIONS*

*Please note: Disclosure of an illness will not eliminate you from consideration for employment for the position sought.*

Have you in the past, or are you presently suffering from any of the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Type of injury | Yes | No | Unsure | Details/Treatment/Comments |
| Back injury |   [ ]  |  [ ]   |   [ ]  |       |
| Shoulder or Neck injury |   [ ]  |  [ ]   |   [ ]  |       |
| Knee or Ankle injury |   [ ]  |  [ ]   |   [ ]  |       |

Infections & Disease

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | Unsure | Comment |
| Have you ever been immunized for Hepatitis B (x 3 doses)? |   [ ]  |  [ ]   |   [ ]  |  If yes, in what year?       |
| TuberculosisHave you had a mantoux test?Have you had a chest x-ray?  |   [ ]  [ ]  |  [ ]  [ ]  |   [ ]  [ ]  |  If yes, in what year?      If yes, in what year?       |
| **Have you had Chicken Pox?****Have you been immunized for Chicken Pox?** |   [ ]  [ ]  |  [ ]  [ ]  |   [ ]  [ ]  | If yes, in what year?      If yes, in what year?       |
| Have you ever had Measles Mumps Rubella (MMR) or been immunized for MMR?  |   [ ]  |  [ ]   |   [ ]  |       |
| Have you had a Triple Antigen (Diptheria, Tetanus & Pertussis (whooping Cough)) immunization or booster?  |   [ ]  |  [ ]   |   [ ]  | If yes, in what year?       Details:       |
| Have you had ADT (adult diphtheria & tetanus) or a tenanus booster? |   [ ]  |  [ ]   |   [ ]  | If yes, in what year?       |
| Have you had Poliomyelitis immunization? |   [ ]  |  [ ]   |   [ ]  |        |

You may be asked to provide a copy of your Adult Vaccination Record prior to commencing employment.

Do you suffer or have you ever suffered from the following medical conditions?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Disease/Condition | Yes | No | Unsure | Details/Treatment/Comments |
| Allergies eg. latex, chemicals, certain medications |   [ ]  |  [ ]   |   [ ]  |       |
| Dermatitis  |   [ ]  |  [ ]   |   [ ]  |       |

Is there any reason or pre-existing medical condition that may impair or limit your ability to perform the inherent requirements of the job you are applying for? [ ]  Yes [ ]  No [ ]  Maybe

If yes or maybe, please provide details:

Do you have any health-related issues, disabilities, injuries or conditions that may impact or affect the safety of either yourself or others in the workplace, if you were to undertake the job you are applying for?

 [ ]  Yes [ ]  No [ ]  Maybe

If yes or maybe, please provide details:

Are there any tasks / things that you *cannot* do due to health problems that may impair or limit your ability to perform the inherent requirements of the job you are applying for? [ ]  Yes [ ]  No

If yes, please provide details:

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| **DECLARATION**I declare that all of the information I have given you is true and correct. I further declare that, I have not held back any relevant information pertaining to my current or previous medical condition that you should be aware of when considering whether to employ me for the specific role. I understand my employment could be terminated if you found I had given you untruthful, inaccurate or misleading information.I agree to abide by all Ramsay policies and guidelines, including the Ramsay Workplace Rehabilitation Policy and attend a medical examination at any time during my employment if requested by Ramsay Health Care for the best interests of my health, and the health of work colleagues or patients I may be exposed to in the workplace. I authorise Ramsay Health Care to obtain any information and documents relevant to any injury, illness or medical condition I may develop or sustain during the period of my employment with Ramsay Health Care which may be in the possession of the following:1. This or another hospital; or
2. Any ambulance service; or
3. A doctor, provider of treatment or rehabilitation service or person qualified to assess cognitive, functional or vocational capacity; or
4. A previous employer where for an example an aggravation has occurred; or
5. Insurers that carry on the business of providing Worker’s Compensation insurance, Compulsory Third Party insurance, personal accident or illness insurance, or insurance against the loss of income through disability, superannuation funds or any other type of insurance; or
6. A department, agency or instrumentality of the Commonwealth or the State.

I understand that if I am employed, this application and my resume becomes a permanent document of my personnel file. I also understand the requirements, duties and tasks associated with the role that I have applied for and confirm that I am able to perform the inherent requirements of this position.I sign this declaration to confirm I have read and agreed to the above conditions.**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |