

EMPLOYEE APPLICATION FORM

Print out this form, complete all sections and send it to your nearest office (see last page) or complete online and email to career@nursinggroup.com.au

Date:

Please circle Mr. / Miss / Mrs / Ms

Applicant's Surname: Given Names:

Address: Postcode:

Telephone: Mobile:

Date of Birth: Email:

Languages spoken other than English:.....

Person to contact in case of an emergency:

Name: Relationship:

Contact Numbers - Home: Work:

Training & Experience:

Registered Nurse Enrolled Nurse Registration Number:.....

AIN PCA (*no nursing qualification but 2+ year's experience*)

Other (*please specify*)..... Years of service:

For AINs only: do you have any of the following? *Provide a copy of each certificate*

Certificate 3 in Aged Care or Disabilities

Certificate 4 or higher

Current First Aid Certificate or Willingness to obtain within 1 month of employment

Do you have a current driver's licence? Yes No Licence No:

Licence Classification:.....

Do you have a car? Yes No If no, can you arrange your own transport? Yes No

How far are you willing to travel? <30kms 30kms – 60kms 60kms or more.....

Are you working at present?

PLEASE TICK THE DAYS AND TIMES THAT YOU ARE AVAILABLE TO WORK FOR US.

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
Morning 5am-12pm	<input type="checkbox"/>	Morning 5am-12pm	<input type="checkbox"/>	Morning 5am-12pm	<input type="checkbox"/>	Morning 5am-12pm	<input type="checkbox"/>	Morning 5am-12pm	<input type="checkbox"/>	Morning 5am-12pm	<input type="checkbox"/>	Morning 5am-12pm	<input type="checkbox"/>
Afternoon 12pm-5pm	<input type="checkbox"/>	Afternoon 12pm-5pm	<input type="checkbox"/>	Afternoon 12pm-5pm	<input type="checkbox"/>	Afternoon 12pm-5pm	<input type="checkbox"/>	Afternoon 12pm-5pm	<input type="checkbox"/>	Afternoon 12pm-5pm	<input type="checkbox"/>	Afternoon 12pm-5pm	<input type="checkbox"/>
Evening 5pm-11pm	<input type="checkbox"/>	Evening 5pm-11pm	<input type="checkbox"/>	Evening 5pm-11pm	<input type="checkbox"/>	Evening 5pm-11pm	<input type="checkbox"/>	Evening 5pm-11pm	<input type="checkbox"/>	Evening 5pm-11pm	<input type="checkbox"/>	Evening 5pm-11pm	<input type="checkbox"/>
Night 11pm-7am	<input type="checkbox"/>	Night 11pm-7am	<input type="checkbox"/>	Night 11pm-7am	<input type="checkbox"/>	Night 11pm-7am	<input type="checkbox"/>	Night 11pm-7am	<input type="checkbox"/>	Night 11pm-7am	<input type="checkbox"/>	Night 11pm-7am	<input type="checkbox"/>

**IN THE TABLE BELOW;
TICK THE BOXES FOR THE TASKS/ITEMS THAT YOU ARE COMPETENT TO PERFORM**

Housework	<input type="checkbox"/>	Personal care	<input type="checkbox"/>	Transport for clients	<input type="checkbox"/>	Palliative Care	<input type="checkbox"/>
Meal Preparation	<input type="checkbox"/>	Dementia care	<input type="checkbox"/>	Catheter Care	<input type="checkbox"/>	Brain Injury	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	Toileting	<input type="checkbox"/>	Slide sheets	<input type="checkbox"/>	Tube/Peg Feeds	<input type="checkbox"/>
Transferring:- <ul style="list-style-type: none"> • without hoist • with hoist 	<input type="checkbox"/> <input type="checkbox"/>	Bowel care:- <ul style="list-style-type: none"> • Enema • Manual Evacuation/PR • Stoma care 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Caring for people with physical disabilities:- <ul style="list-style-type: none"> • Motor Neurone Disease • Quadriplegia • Vision/hearing impaired • Stroke /CVA 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Caring for adults with Mental Health Issues	<input type="checkbox"/>
Respite / social support	<input type="checkbox"/>	Overnight care	<input type="checkbox"/>	Caring for people with intellectual disabilities	<input type="checkbox"/>	Challenging Behaviours	<input type="checkbox"/>
		Care for clients of various ages: <ul style="list-style-type: none"> • Babies • Children • Adolescents • Aged Care 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Airway Management: <ul style="list-style-type: none"> • Tracheostomy care • Ventilator care • CPAP 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Nursing Experience: we require contact details for 2 references – these must be work related

How many years nursing experience do you have in Australia?

Current Employer:

Length of time employed with employer:

Duties Performed:

.....

Skills and/or certificates obtained:

Reference:

Name:

Position:

Company:

Phone number:

Previous Employer:

Length of time employed with employer:

Duties Performed:

.....

Skills and/or certificates obtained:

Reference from previous employer:

Name:

Position:

Company:

Phone Number:

Criminal History:

I, declare that I do not have a history of any criminal convictions or a record of any disclosable court outcomes. I understand that if I supply Nursing Group incorrect or misleading information it will result in dismissal and may lead to legal action taken by Nursing Group.

Employee signature..... Date:

Witness name.....Witness signature:

Pre Existing Injury or Disease:

Do you have a pre-existing or current injury, disease or disability (physical or mental), which may affect your ability to carry out your duties? Yes No

If yes, please specify:

.....
.....
.....

Do you currently or have you previously had a Worker's Compensation claim or injury?

Yes No

If yes, please specify, and if applicable a clearance certificate will need to be provided before work can commence.

.....
.....
.....

Employee Declaration

I, declare that the information I have provided is true and correct.

Signed Date:

ITEMS TO ATTACH TO YOUR APPLICATION:

- Nursing qualifications: registration for RNs/ENs or Certificates for AINs
- Current first aid certificate
- Current Federal Police Check

WHERE TO SEND YOUR COMPLETED APPLICATION:

For: Sydney, Illawara, Shoalhaven, South Coast and Greater Murray Areas:
Send To:
Casey Centre
445 Hume Highway
CASULA NSW 2170
Phone: 02 8778 7777
Fax: 02 8778 7788
Email: career@nursinggroup.com.au

For: Newcastle, Central Coast and Hunter Areas:
Send To:
P.O. Box 1242,
NEWCASTLE NSW 2300
Phone: 02 4927 5180
Fax: 02 4927 5819
Email: advance@caseycollege.com.au

OFFICE USE ONLY:
Interview: By: Date:
Entered in System: By: Date: