



CALVARY MATER NEWCASTLE APPLICATION FOR EMPLOYMENT FORM

Private and Confidential

Human Resource Department

T: (02) 4014 4743 F: (02) 40144745 W: www.calvarymater.org.au

Instructions:

Once completed, this application form should be returned to careers@calvarymater.org.au with the following attachments:

- A **covering letter** which MUST include a written statement **addressing the essential and desirable criteria** as listed in the position description (see further details on our website).
- A current **CV/Resume** including the contact details of three work related or professional referees (one of which must be from your current/most recent manager).

POSITION DETAILS

PLEASE PRINT CLEARLY

POSITION No.	CMN ____ / ____
POSITION TITLE:	
DEPARTMENT:	
How did you become aware of the Position?	

PERSONAL DETAILS

TITLE (DR, MR, MRS, MISS, MS):		SURNAME:	
GIVEN NAME(S):			
ADDRESS:			
	STATE:	POST CODE:	
	COUNTRY:		
TELEPHONE NUMBERS:	HOME:	MOBILE:	
EMAIL ADDRESS:			
Are you a permanent resident of Australia?			
If NO, do you have a valid work visa?			
If you are successful in attaining a position, you will need to provide evidence of eligibility to work in Australia. Do you frequently speak any language in addition to English? (Optional) YES/NO			
If yes, which language(s) do you speak:			

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY

NAME:			
ADDRESS:			
	STATE:	POST CODE:	
	COUNTRY:		
TELEPHONE NUMBERS:	HOME:	MOBILE:	

EDUCATION DETAILS – Please provide detail of the highest academic qualification awarded to you.
Please attach any relevant qualifications.

QUALIFICATION (eg. Bachelor of Nursing):	
INSTITUTION (eg. University of Newcastle):	
YEAR OF COMPLETION (eg. 1995)	

PROFESSIONAL REGISTRATION/LICENCE DETAILS

PROFESSION	
REGISTRATION/LICENCE NUMBER	
DATE OF EXPIRY	

EMPLOYMENT HISTORY

EMPLOYER	POSITION HELD	PERIOD	
		FROM	TO
		FROM	TO
		FROM	TO
		FROM	TO
		FROM	TO

REFEREES – We require 3 professional referees pertaining to your previous employment including one from your current/most recent manager. (Personal referees will not be accepted).

NAME	
POSITION TITLE:	
ORGANISATION	
PHONE NUMBER:	
POSTAL ADDRESS:	
EMAIL:	
NAME:	
POSITION TITLE:	
ORGANISATION	
PHONE NUMBER:	
POSTAL ADDRESS:	
EMAIL:	
NAME:	
POSITION TITLE:	
ORGANISATION	
PHONE NUMBER:	
POSTAL ADDRESS:	
EMAIL:	

IMPORTANT! GENERAL INFORMATION, STATEMENTS & DECLARATION

ASSESSMENT, SCREENING & VACCINATION AGAINST SPECIFIED INFECTIOUS DISEASES:

In accordance with NSW Health Department Policy, all applicants recommended for appointment must comply with the requirements of the above policy or "acknowledge in writing that they do not consent to assessment, screening and vaccination ... and engage with their employer to determine future work options as an unprotected/unscreened staff member". Those applicants that choose to comply must be able to provide documented evidence of protection against specified infectious diseases prior to commencement. For further information please refer to the NSW Health Policy Directive, http://www.health.nsw.gov.au/policies/pd/2011/pdf/PD2011_005.pdf

CRIMINAL RECORD CHECK:

In accordance with NSW Health Department Policy, all applicants recommended for appointment must undergo a criminal record check. A criminal record does not, of itself, disqualify you from employment. A criminal record is one of many factors taken into account in assessing a person's suitability for employment. If recommended for appointment, and you have a criminal record, you will be given the opportunity to discuss the matter fully before a final decision is made regarding recommendation for appointment.

Please complete the following: I HAVE / HAVE NOT (delete one) been convicted of a criminal offence.

If applicable, please provide your **Working With Children Check (WWCC) Clearance Number** so that it can be verified: _____
By providing this clearance number you are providing your consent to CMN to access the on-line verification service to determine your suitability for 'child related' work. Please note you will be able to determine if the position you are applying for is 'child related' by referring to the position statement.

PREVIOUS PUBLIC SECTOR EMPLOYMENT:

I HAVE / HAVE NOT (delete one) accepted a voluntary redundancy package from any public sector employer in NSW within the last twelve months. I understand that I may not be re-employed or re-engaged in any capacity in any NSW public sector agency within the period covered by redundancy severance or incentive payments, without first repaying the relevant portion.

WORK HEALTH & SAFETY:

	YES or NO
Are you aware of any circumstances regarding your health which may interfere with the discharge of the duties of the position for which you are applying?	
If you have a disability or other health restriction, is it possible that adjustments to the workplace may be required to assist you in undertaking the duties of the position for which you are applying?	
Have you ever worked in a noisy environment? (If you are recommended for appointment you may be required to undertake a hearing test on commencement of work.) DEFINITION: A Noisy Workplace is generally one where hearing protection is required to be worn e.g. Some factories, industries, Airport Tarmacs etc.	
Are you currently receiving treatment for any workers compensation injury?	
Have you submitted a workers compensation claim within the past 5 years? If YES, was the claim accepted (or not)?	
If you have answered yes to any of these questions, please provide details here:	
I agree to undergo a Health Assessment if required.	

APPLICANT'S STATEMENT: I UNDERSTAND AND AGREE THAT:

- All the information I have given is true and correct and I have not withheld any relevant information you should be aware of when considering whether to employ me. I understand that you may terminate my employment if you find that I have given you untruthful, inaccurate or misleading information.
- Before commencing duty, I am required to produce documentary evidence of my identity, educational attainment, current professional registration and/or licence, my current Working with Children Clearance Number (if applicable) and my current record of screening and vaccination against infectious diseases.
- It will be my responsibility to obtain documentary evidence of all my previous service to gain recognition for salary purposes.
- The terms and conditions of my employment will be in accordance with the appropriate industrial award or agreement and the by-laws and Code of Conduct of Calvary Mater Newcastle.
- I may be required to work shift work or reasonable overtime as necessary in accordance with the relevant award or agreement.
- If my employment requires that I undertake training or education that my continued employment will be subject to maintaining satisfactory progress in the training or education program.
- Any discussion or disclosure of records or information concerning patients, staff or the hospital generally is a serious breach of confidentiality which may result in instant dismissal.
- I am required to wear a Hospital ID card at all times whilst on duty.
- I am required to demonstrate a commitment to the Philosophy of the Sisters of the Little Company of Mary as it applies to the Hospital, and to uphold and promote these values as they apply to the Hospital.

APPLICANT'S SIGNATURE _____

DATE: ____/____/____