

Please ensure you also download the:

- **Graduate Ambulance Paramedic position description**



AMBULANCE VICTORIA

Graduate Ambulance Paramedic Recruitment for ACOs

RECRUITMENT & SELECTION PROCESS INFORMATION

- 1** ACO to GAP ACCELERATED RECRUITMENT PROCESS
- 2** PHYSICAL REQUIREMENTS
- 3** ACO to GAP APPLICATION FORM
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The ACO - GAP Recruitment Process

Thank you for your interest in AV's Ambulance Community Officers (ACO) to Graduate Ambulance Paramedic (GAP) Accelerated Recruitment Process.

AV was formed in 2008, creating a single ambulance service for the State of Victoria. AV provides the highest level of pre hospital emergency care and patient transport across Victoria. We respond and attend medical emergency calls 24 hours a day, 7 days a week and are committed to the continuous improvement of patient care.

Our ACOs' dedication to the role and their community forms an integral part of Ambulance Victoria service delivery.

Current ACOs who are in their final year of undergraduate study through a recognised provider of paramedic studies and have completed two years of service, are welcome to apply for the GAP program, through the ACO to GAP Accelerated recruitment process.

This program is designed to;

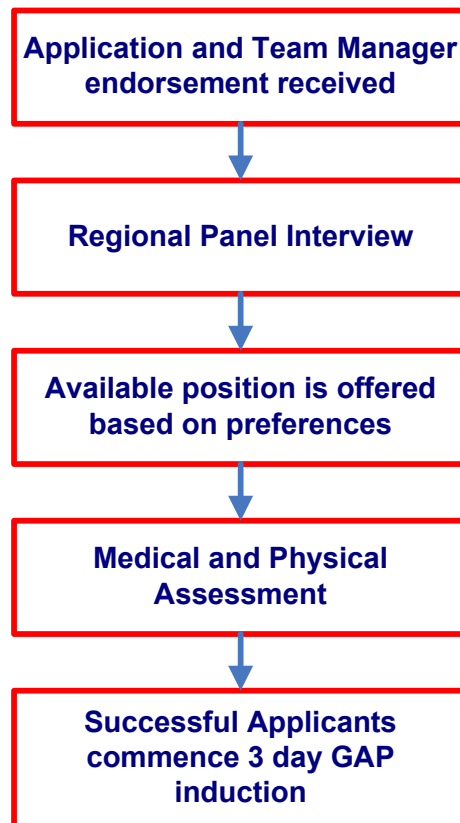
- Recognise your volunteer history as an ACO with AV
- Place you within your community
- Complete a modified Induction Program in Melbourne and in your Region

If you have any questions about this process, please liaise directly with your HR Partner in the first instance.

We're excited that you're taking the next step in your new career with AV. To apply, please send your completed ACO -GAP Application Form and Team Manager Endorsement together to recruitment@ambulance.vic.gov.au or by mail:

**ACO – GAP Acceleration Program
Recruitment Team
Ambulance Victoria
PO Box 2000
DONCASTER VIC 3108 OR DX 21 1623**

The ACO - GAP Recruitment Process



Your Interview

The major principle behind Behavioural Interviewing is 'past behaviour is a good predictor of future behaviour'. The aim is to gather specific examples of how an applicant has behaved in the past in order to predict how they may perform in the role of Graduate Ambulance Paramedic.

Interviews will be facilitated in your region, with your Regional Management Team. Applicants are encouraged to research a "Behavioural" interview and understand that you will be asked questions based on the Graduate Ambulance Paramedic Position Description.

Applicants must reach the minimum criteria for this assessment in order to progress.

Offer of Employment and Placement

Current ACOs will be given priority for locations within a rural location. Available locations for your training in the GAP process will be determined at a later date and will be dependent on operational requirements.

You will be contacted directly from a member of the Workforce Strategy and Recruitment team to discuss your potential training location in a rural area.

Medical and Physical Assessment

Any offer of employment will be subject to successful completion of our final Medical and Physical

The ACO - GAP Recruitment Process

Assessment.

This is a pre-employment medical and physical, therefore results cannot be carried over from any previous assessment. **Applicants must sit this assessment through AV's provider in Prahran, at your expense (currently \$218.50).**

You cannot complete this assessment in another state or with any other agency. Results from this assessment are final. If your overall score is lower than the minimum requirement, your application is considered closed.

University Results

Please note that it is a condition of any Graduate Ambulance Paramedic Letter of Offer that all units of your recognised university degree must be successfully completed. If you are successful in gaining a position with Ambulance Victoria, it is condition of your employment to have successfully completed your degree before commencing on-road.

If you do not successfully pass all units of your degree, you will unfortunately no longer be able to commence at AV until you complete your degree.



The Physical Capacity Assessment

Ambulance Victoria has a duty of care to our employees to minimise all work related injuries and we therefore require applicants for Ambulance Paramedic roles to undertake a physical capacity assessment prior to being considered for employment.

The current physical capacity assessment was developed by the Victoria University Human Performance Unit following a detailed analysis of the duties performed by Ambulance Victoria paramedics.

The test was developed to obtain an indication of overall fitness to assist Ambulance Victoria to avoid placing an employee in a role that they are physically unsuited to, and therefore reducing their risk of injury.

Five key areas of health are assessed to obtain a picture of overall fitness:

1. **Flexibility**
2. **Body composition**
3. **Cardiovascular performance**
4. **Upper body strength**
5. **Abdominal body strength**

1. Flexibility

Applicants sit on the floor with legs extended straight in front and against a 'flexibility frame'. Knees must be locked and legs kept in contact with the floor at all times. Applicants place the middle finger of one hand on top of the middle finger of the other hand and reach the arms forward as far as possible in a slow and gradual style. The furthestmost position should be held for 2 seconds. A score is allocated based on the most distant point reached by the fingertips in the best of 3 trials.

2. Body Composition Test

Skin fold measurements are taken on four sites: Biceps, Triceps, Subscapular and Suprailiac. Measurements are taken on the right side of the applicant's body at least twice, averaging the recordings to give a final reading.

The measurements are recorded in millimeters and all measurements are totalled to arrive at an overall figure. This figure is referenced against gender and age on a standardised chart (developed on population norms), and a score is allocated.

3. Cardiovascular Fitness

The test used is based on the principle of the linear relationship between heart rate and workload. Applicants are required to ride the bike at a set workload (resistance) for a total time of 12 minutes. Applicants begin riding at 1.0 KP (300 KGM) for men and 0.5 KP (150 KGM) for women for the first 3 minutes and at 50 rpm (20 km/h) on the Monark dial.

In the first 9 minutes, the resistance will increase after the third and the sixth minute. The heart rate will be recorded every minute to determine the appropriate workload. At the ninth minute the resistance will decrease and applicants will ride for 3 minutes as a recovery. At the end of 12 minutes the test will cease and a final heart rate is recorded.

The method of evaluation is by extrapolation on a graph after plotting heart rate against workload. This figure is referenced against gender and age on a standardised chart (developed on population norms), and a score is allocated.

The Physical Capacity Assessment

4. Upper Body Strength

The upper body strength test is a progressive test of upper body strength using a graduated push-up test.

Level 1: Standing arms length from a wall, hands on wall at shoulder height, vertical push-ups

Level 2: Kneeling on floor, keeping a straight line from knees, hips and shoulders

Level 3: In a full push up position, with hands shoulder width apart, body straight & head held level

Level 4: With hands together, index fingers and thumbs touching to form a diamond shape

Level 5: With the feet on the second step and hands together, index fingers and thumbs touching to form a diamond shape

Applicants all start at Level 1 and perform five repetitions at this level. After successfully completing five repetitions at one level, applicants can progress to the next level. If an applicant cannot complete five repetitions at a particular level, they cannot try the next level. The score will be allocated based on the last level where at least three repetitions are achieved.

In performing the push-ups, applicants must lower themselves so that the upper arm becomes parallel to the floor at the lowest point. Applicants must maintain a neutral spine throughout the push-up.

5. Abdominal Body Strength

The abdominal body strength test is a progressive test of lower body strength using a five stage graduated sit up test. Applicants lie on their back with knees flexed and feet flat on the floor.

Level 1: Touch knees with wrists (arms straight) for 5 repetitions

Level 2: Arms across chest, sit up to touch elbows to thighs for 5 repetitions

Level 3: Hands on forehead, elbows pointing forward, sit up to touch elbows to knees for 5 repetitions

Level 4: Hands behind ears with elbows out to side, sit up to vertical for 5 repetitions

Level 5: Hands crossed behind the back of the neck, sit up to vertical for 5 repetitions

Applicants all start at Level 1 and perform five repetitions at this level. After successfully completing five repetitions at one level, applicants can progress to the next level. If an applicant cannot complete five repetitions at a particular level, they cannot try the next level. The score will be allocated based on the last level where at least three repetitions are achieved.

For each level, the feet must not be held or stabilised. An attempt is unsuccessful if the subject displays poor technique during a sit-up by either lifting the heels off the floor, using momentum and throwing the arms forward, moving the arms from the nominated position, lifting the hips off the floor, failing to maintain the knee angle or being unable to complete the sit-up.

Scoring

Applicants are awarded a score of between 1-5 in each of the areas assessed, arriving at a total score out of 25. Based on an analysis of testing results and population norms, applicants are required to achieve an overall score of at least 13 as the acceptable baseline level of overall fitness.

In addition, applicants are required to achieve a score of at least 3 out of 5 in either of the strength tests. The scoring technique emphasises that the test is designed to ascertain an indication of overall fitness, where no applicant would be excluded based on the results of one area alone.



ACO to GAP Acceleration Program Application Form

Please send to:

**ACO – GAP Acceleration Program
Recruitment Unit
Ambulance Victoria
P O Box 2000
DONCASTER VIC 3108 OR DX 21 1623**

Or deliver to:

375 Manningham Road, Doncaster

Your Details

Surname		First Name	
Address			
		Postcode	
Email	<i>(NB: AV is unable to send to AOL email addresses)</i>		
Telephone	(AH)	(BH)	(Mob)

Please place an asterisk (*) next to your preferred contact number.

Your Ambulance Degree

Current Course / Qualification:	_____
University Name:	_____
Year of Completion:	_____

Your Other Qualifications

Please provide details of your other qualifications / courses that are relevant to your current ACO work.

Qualification / Course Title	Name of Institution	Year Gained

Your Ambulance Community Officer (ACO) Employment with AV

Start Date:	_____
Location:	_____
Employee Number:	_____
Your Team Manager:	_____

Pre-existing Injury or Medical Condition Declaration

Employment with Ambulance Victoria (AV) is conditional on the applicant being a fit and proper person and fully able to perform the inherent requirements of the position. When completing the pre-existing injury or medical condition declaration it must be in full knowledge of the position as outlined in the Position Description and the Physical Requirements Information sheet. **The Graduate Ambulance Paramedic Position Description and the Physical Requirements Information sheet are both available for download from our website www.ambulance.vic.gov.au.** Read the documents carefully and discuss any queries that you may have prior to completing the form with the Recruitment Team.

The primary purpose of this declaration is to assist AV in ensuring that no person is placed in an environment or given tasks that will place their Health and Safety at risk. It is not the intention of this declaration to deny a person employment solely because of disability or illness. You may be required to have a medical examination with a medical practitioner nominated by AV to check your capacity to safely perform all components of the work.

Please read and consider all the requirements of the position before completing this section of the application form.

The pre-existing injury or medical condition declaration does enable, where applicable, appropriate and reasonable action to be taken by AV to meet the provisions of Sections 82(7) and (8) of the Accident Compensation Act 1985 and Section 21 of the Occupational Health and Safety Act 2004.

Section 82(7) and (8) of the Accident Compensation Act 1985, requires disclosure to your employer of any pre-existing injuries or disease that you have suffered, or existing injuries or disease that you continue to suffer of which you are aware and could reasonably be expected to foresee, and could be affected by the nature of the proposed employment referred to above.

Section 21 of the Occupational Health and Safety Act 2004, states that an employer shall provide and maintain, so far as practicable, for employees a working environment that is safe and without risks.

Failure to make a disclosure, or the making of a false or misleading disclosure, may disentitle you to compensation pursuant to the Accident Compensation Act 1985 should you suffer any recurrence, aggravation, acceleration, exacerbation or deterioration of a pre-existing injury or disease arising from employment with AV.

This pre-existing injury or medical condition declaration also assists AV to obtain information to enable it to meet its obligation under the Equal Opportunity Act 2010 to make reasonable adjustments for an employee or prospective employee in order to perform the genuine and reasonable requirements of the employment.

Privacy Notice: *The collection and processing of this information is in accordance with the Occupational Health and Safety Act 2004, the Accident Compensation Act 1985 and the Equal Opportunity Act 2010.*

The completed pre-existing injury or medical condition declaration will be retained on your personnel file. Where employment is not taken up, for whatever reason, all documents relating to your application will be retained for six months after the finalisation of any appointment appeal and then destroyed.

AV may disclose some of your personal information, as applicable; to an independent medical examiner should we require an assessment of your suitability for employment and fitness for duty. Your health declaration may be also be disclosed to the AV's WorkSafe insurer should you submit a WorkSafe claim for compensation.

Further information regarding AV's Privacy Policy is available on page 7 of this application form.

You are requested to disclose all pre-existing injuries and medical conditions of which you are aware and could reasonably be expected to foresee could be affected by the nature of your proposed employment.

Are you aware of any circumstances regarding your health or capacity to work that would interfere with your ability to perform the duties of a Graduate Ambulance Paramedic?

In answering this question Yes or No you are also covering factors such as: existing or exposure to infectious diseases, taking of medication/treatment on a regular basis (daily, weekly, monthly) If yes, what adjustments do you need to perform the genuine and reasonable requirements of the employment (if any)?"

NO [] YES []. If yes, please provide the following details for each circumstance including:

- (i) Nature of injury/medical condition
- (ii) Date of injury/medical condition
- (iii) Duration of injury/medical condition

Has the injury/medical condition resolved and if so, when? (If insufficient space, please attach details on A4 paper)

Do you have an existing injury or medical condition or pre-existing injury or medical condition that could be affected by the nature of the proposed employment?

Existing is a condition for which treatment is still being received. Pre-existing is where an injury or condition/s is present but treatment is not required. If yes please provide details of the injury or condition(s). If yes, what adjustments do you need to perform the genuine and reasonable requirements of the employment (if any)?"

NO [] YES []. If yes, please provide details:

EMPLOYEE DECLARATION

I, _____ of _____
(Applicant's Name) (Applicant's Address)

do sincerely declare that the contents of this form are true and correct and complete to the best of my knowledge and no information concerning my past or present state of health has been withheld. I hereby agree to undergo a health assessment by a medical practitioner if deemed necessary by Ambulance Victoria.

I understand that any willfully incorrect or misleading answer or material omission which relates to any of the questions before mentioned may make me ineligible for employment, or if employed, liable to disciplinary action which may include dismissal. I understand that this pre-existing injury or medical condition declaration may form part of my employee file.

Signature: _____

Date: _____ / _____ / _____

Employment History

Please provide details of your **paid** employment history - beginning with your most recent position. If insufficient space is provided, please attach further details on A4 paper. Please also include details where any gaps in employment history occur i.e. family, travel, study, unemployed etc.

Alternatively, feel free to attach a copy of your CV or resume that includes this information.

Position Held:			
Employer Name:			
Address:			
Date Commenced:	/ /	Date Ceased: (If applicable)	/ /
Summary of Main Duties:			

Position Held:			
Employer Name:			
Address:			
Date Commenced:	/ /	Date Ceased:	/ /
Summary of Main Duties:			

Position Held:			
Employer Name:			
Address:			
Date Commenced:	/ /	Date Ceased:	/ /
Summary of Main Duties:			

Volunteer History (if relevant to you)

Please provide details of any volunteer work or community contribution that you are currently or have been involved in. If insufficient space is provided, please attach further details.

Volunteering Capacity:			
Organisation:			
Supervisor name:			
Contact details:			
Date Commenced:	/	/	Date Ceased: (If applicable)
			/
			/
Summary of Main Duties:			

Volunteering Capacity:			
Organisation:			
Supervisor name:			
Contact details:			
Date Commenced:	/	/	Date Ceased: (If applicable)
			/
			/
Summary of Main Duties:			

Volunteering Capacity:			
Organisation:			
Supervisor name:			
Contact details:			
Date Commenced:	/	/	Date Ceased: (If applicable)
			/
			/
Summary of Main Duties:			

Location Preference

If your application is successful, please note the branch location/s where you would prefer to work:

First Preference _____

Second Preference _____

University Consent

Consent to Release Course Progress Information to Ambulance Victoria

AV requires universities to provide feedback on the progress of your study, to enable us to monitor the performance of all prospective and current AV staff undergoing training provided by universities.

All student information disclosed to AV in accordance with this Consent Form will be managed in accordance with the requirements of the Information Privacy Act 2000. Information collected from you will be placed onto your AV training file. AV Policy *Odpol007 "Storage and Access to Personnel Files"* provides details of how to access information held on this file.

It is your responsibility to provide AV with transcripts as required; this consent will be passed to the relevant university if required. By signing this consent, it does not mean that AV will contact universities for your results on your behalf.

I, _____ grant Ambulance Victoria (AV) consent to obtain course progress information from my university, with any details pertinent to my progress in my course of studies. This includes grades received on any assessment item, class attendance and level of participation.

Signature: _____

Date: / /

Certification/Acknowledgement

I certify that the information contained in this application is correct to the best of my knowledge. Furthermore, I authorise Ambulance Victoria to conduct any background verification checks as deemed necessary in connection with this application. This includes referees, educational history, employment history, Police and Driving checks.

Signature: _____

Date: / /

Privacy Statement

By applying for employment with AV, you give your consent for AV to collect and store information relevant to your application, to use and disclose it as necessary to process your application (including referee and police checks) and, if your application is successful, to hold information necessary for the management of your ongoing employment with AV.

AV collects only what is necessary for the above processes and stores all information securely, in keeping with the Requirements of the Information Privacy Act 2000, the Health Records Act 2001, and the Public Records Act 1978. Only authorised AV staff can access the information that AV holds about you. You can request access to personal information that AV holds about you. You can telephone (03) 9840 3500 to obtain a copy of the full Privacy Policy or read it online at <http://www.ambulance.vic.gov.au>

I consent to all of the information provided in this application including the results of any testing being maintained in AV's records.

Signature: _____

Date: / /

! Please note: much of our correspondence to you during the selection process will be via email, so please check for new mail regularly and turn off your spam/junk mail filters to ensure our email gets to you.



ACO to GAP Acceleration Program TEAM MANAGER ENDORSEMENT FORM

Please return this completed form in an envelope marked "Private and Confidential" to:

ACO – GAP Program
 Recruitment Unit
 Ambulance Victoria
 P O Box 2000
 DONCASTER VIC 3108 OR DX 21 1623

SECTION 1: APPLICANT & TEAM MANAGER DETAILS

Applicant's Name	
Team Manager's Name	
Branch Location of Team Manager	

Please indicate your status:

***If you are currently an Acting Team Manager, please consult with the Appointed Team Manager of the branch**

Appointed Team Manager		*Acting Team Manager	
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Please indicate the number of times you have observed the applicant:

On Road		At the Branch	
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Please indicate the last time you observed the applicant:

On Road		At the Branch	
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SECTION 2: TEAM MANAGER ENDORSEMENT

Team Managers, Please Note:

A response and explanation is required for each question. This Endorsement Form will be reviewed by the Regional Management team. Your integrity and precision is crucial to this process.

1. Does the applicant demonstrate effective interpersonal skills? How does the applicant demonstrate this?	YES		NO	

2. Does the applicant show a proven ability to make appropriate decisions in time- critical situations?	YES		NO	

3. Does the applicant show a proven ability to communicate effectively with a range of people?	YES		NO	

4. Has the applicant ever had any difficulty getting along with peers / team members / others at work?	YES		NO	

5. Does the applicant actively contribute the community they work in? Please provide examples.	YES		NO	

6. Do you believe the applicant has the ability to work well independently? Please provide examples.	YES		NO	

7. Would you be confident in recommending this applicant for the role of Graduate Ambulance Paramedic?	YES		NO	

8. Have you discussed the information contained in this Endorsement with the applicant?	YES		NO	

SECTION 3: RECOMMENDATION

I SUPPORT/ DO NOT SUPPORT

(Please Circle)

.....'s
(Applicant's Name)

**application for a Graduate
Ambulance Paramedic role**

Team Manager

.....

Signature

.....

Date

...../...../.....

I SUPPORT/ DO NOT SUPPORT

(Please Circle)

.....'s
(Applicant's Name)

**application for a Graduate
Ambulance Paramedic role**

Group Manager

.....

Signature

.....

Date

...../...../.....

