



Employment Application Form

Our Values • EXCELLENCE • RESPECT • ADVOCACY • HOSPITALITY & SERVICE •

Thank you for seeking employment with the Good Shepherd Home (TGSH), Townsville. This information is collected for the purpose of assessing your suitability for employment, so please ensure that you meet ALL the essential requirements of the role you are applying for and that you fully complete each section of the Employment Application Form.

Ensure sure you attach a current cover letter, resume or CV, and any other required documents to this application. Unfortunately, if you do not meet all the essential requirements or do not provide the required information we may not progress your application.

PERSONAL DETAILS									
Title				Surname					
Given Name/s				Preferred Name					
Street Address				Suburb				Post Code	
Postal Address				Suburb				Post Code	
Phone				Mobile					
Email									
Are you currently employed?	Yes		No		If yes, what notice period are you required to give?				
Are you an Australian Resident?	Yes		No		Are you the holder of a Visa and/or Work Permit	Yes		No	
Are you an Australian Citizen?	Yes		No						
Please attach a copy of Visa and/or Work Permit <input type="checkbox"/>									
POSITION APPLIED FOR									
Registered Nurse				Resident Nursing & Care Assistant					
Enrolled Nurse				Catering Team Member					
Laundry Team Member				Cleaning Team Member					
Administration Team Member				Other (Please specify)					
To ensure and maintain a superior level of compassionate care in a welcoming environment to our residents, The Good Shepherd Home functions continuously 24/7. Some positions have a requirement for availability across a 7 day, 3 shift cycle (24 hours).									
Please Indicate your Availability		Permanent			Casual				
Available Days Please tick availability Does not apply to Administration positions	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning		
	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon		
	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening		
Qualifications, Education and Training									
							Year Attained		
							Year Attained		
							Year Attained		
							Year Attained		
Copies of all Qualifications, Training Certificates can be uploaded with application									



PROFESSIONAL MEMBERSHIPS / REGISTRATIONS – NURSING, ALLIED HEALTH AND OTHER PROFESSIONALS

Registration/Membership Number		Date of Expiry	
Registration Type			

CURRENT / MOST RECENT EMPLOYMENT:

Organisation			
Position			
Employment Dates	From		To
Reason for Leaving			
May we contact your current employer?	Yes		No

REFEREES: Note: you must supply at least 2 referees related to your employment and referees provided must be recent and able to be contacted. Please note personal referees will not be accepted.

Referee 1:

Name:		Position:	
Organisation:		Phone:	
Email:			

Referee 2:

Name:		Position:	
Organisation:		Phone:	
Email:			

Referee 3:

Name:		Position:	
Organisation:		Phone:	
Email:			

Employment Candidate Privacy Collection Statement

The Good Shepherd Home is committed to protecting *personal information* that we handle. We comply with the Privacy Act 1988, including the Australian Privacy Principles.

The Good Shepherd Home collects personal information directly from you that is reasonably necessary to evaluate your application for employment.

The Good Shepherd Home may disclose your personal information to third parties including insurers, superannuation providers, government agencies, criminal history screening providers, your referees and government agencies.

If you fail to provide any reasonable request for information in relation to progressing your application of employment or you do not consent to The Good Shepherd Home collecting personal information we may not be able to progress your application.

I understand the Employment Candidate Privacy Collection Statement and agree that my personal information may be used or disclosed by The Good Shepherd Home as detailed above Yes No



Why have you applied for a position within the Aged Care industry?

What do you believe are the most important characteristics of a good team member?

What strengths and weaknesses do you think your referee is likely to say you would bring to our workplace?

OTHER INFORMATION

Note: In accordance with Section 571B of the *Workers Compensation and Rehabilitation Act 2003*, The Good Shepherd Home requires prospective employees to disclose any pre-existing injuries or medical conditions of which they are aware.

Also in accordance with Section 571C of the *Workers Compensation and Rehabilitation Act 2003*, those who fail to meet their obligation to disclose to the prospective employer information relating to existing or pre-existing injuries or medical conditions or who make false or misleading disclosures will not be entitled to compensation or be able to seek damages for any event that aggravates any pre-existing injury or medical condition.

Are you aware of existing or pre-existing injuries or medical conditions (physical or physiological) that could reasonably be aggravated by performing the duties of the position applied for?

Yes

No

If yes, please provide details (relevant to role requirements)

DECLARATION STATEMENT

I declare that to the best of my knowledge the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of my employment with this organisation. I give approval for the Good Shepherd Home to verify any details of my application, including reference checks and I understand that this application does not constitute an offer of employment. I understand that a police check applies to this application and should I be employed and disclosable court outcomes are received, my employment will be terminated.

Applicant Signature:

Date:

Office Use Only

Interviewed	Reference Confirmed	Appointed to	Commencement	Data Entry
By:	By:	Position:	Date:	By:
Date:	Date:	Award:		Date: