



APPLICATION FOR EMPLOYMENT

NURSING STAFF (Care Staff including CSE)

NON NURSING STAFF (Domestic, Maintenance, Clerical)

Please Note:

1. All information provided on this application form shall be regarded as private and confidential.
2. If your application is unsuccessful, this form shall be kept for a period not exceeding 12 months and then destroyed.
3. All supporting documentation must be provided before this application will be assessed.
4. In order to be considered for employment in Aged Care candidates are required by law to comply with compulsory criminal history police checking.

Position applied for:

Date:

Personal Information:

Mr Mrs Miss Ms Other

Surname:

Given Names:

Preferred Name:

Date of Birth:

Address:

Postcode:

Mobile:

Home Phone:

Email:

Please be aware that Buckland will use your mobile number to contact you for shifts and your email address will be used for training and other forms of communication. If you wish to opt out please email leah@buckland-rv.com.au

Drivers Licence No:				Licence Class:			
Expiry Date:			Motor Vehicle Registration:				
Are you an Australian resident?				<input type="checkbox"/> No ↓		<input type="checkbox"/> Yes ↓	
Do you hold a current work permit?				Are you an Aboriginal or Torres Strait Islander?			
<input type="checkbox"/> Yes - Attach a copy		<input type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Passport No:				Expiry Date:			
Visa No:				Expiry Date:			
Is English your first language?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Country of birth:							
Since turning 16 years of age, have you been a citizen or permanent resident of a country/ countries other than Australia?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Language(s) spoken:							
Are you willing to act as an interpreter, if you speak a language other than English?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently under any medical / physical restrictions from a previous injury / condition?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details:							
Have you been vaccinated against influenza in the last 12 months?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received any additional vaccines or immunisations in the last 12 months?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details:							
AVAILABILITY:							
Tick (✓) where available, noting that Buckland can only guarantee hours of employment, not days or shifts to be rostered.							
SHIFT	MON	TUE	WED	THU	FRI	SAT	SUN
Morning							
Afternoon							
Night (Nursing only)							

PROFESSIONAL EDUCATION:

QUALIFICATION(S) HELD	TRAINING PERIOD	NAME OF INSTITUTION (Hospital, TAFE, University)

FOR REGISTERED NURSES & ENROLLED NURSES ONLY:

Receipt No. for current (20 __) Registration in NSW:

Practising Certificate Anniversary Date:

Computer Literacy (brief details):

OTHER RELEVANT INFORMATION THAT YOU WOULD LIKE TO SUPPLY:**PARTICULARS OF PREVIOUS EMPLOYMENT:**

Have you worked for The Buckland Convalescent Hospital before?

No Yes – From: / / to / /

Do you have a current copy of a police check (ie. less than 3 years old)?

No – Please complete the police check application package Yes – Attach a copy

Since turning 16 years of age, have you been a citizen or permanent resident of another country / countries other than Australia?

No Yes – Please complete Buckland provided Statutory Declaration

PLEASE WRITE MOST RECENT EMPLOYMENT DETAILS FIRST

1. Organisation Name:

Date:

Phone No's:

Address:

Position Held:

From:

To:

Reason(s) for Leaving:

What skills or training did you obtain:

Referee Name:

Phone No:

2. Organisation Name:

Date:

Phone No's:

Address:

Position Held:

From:

To:

Reason(s) for Leaving:

What skills or training did you obtain:

Referee Name:

Phone No:

DECLARATION:

I declare that all the information on this application for employment is true and correct to the best of my knowledge. I understand that if I have supplied any false and / or misleading information on this form, that my employment may be terminated.

Applicant Signature:

Print Name: