



BRAEMAR PRESBYTERIAN CARE

"Striving for excellence in Care to the elderly in a Christian environment"

APPLICATION FOR EMPLOYMENT

Private and Confidential

Braemar Presbyterian Care is committed to protecting your privacy and undertake to maintain confidentiality and security of the information you provide in the recruitment process.

Before applying for a position you will need to be aware of our requirements and our process:

- We will contact referees
- We may require a pre-employment medical which is paid for by us
- A Current National Police Clearance check is required for any person who will be in regular contact with our residents. In addition, any person who at 16 years of age was a permanent resident or citizen of another country, must sign a Statutory Declaration stating that they have never had a criminal conviction for murder or sexual assault, and have never been convicted and received a prison sentence for any other form of assault.
- We require a copy of any professional registration that is relevant to the position
- We require a copy of any current work visa

Personal Details**Title: (please indicate)****Mr****Mrs****Miss****Ms****Other****Last name:****Given Name/s:****Preferred Name:****Home Address:****Post Code:****Telephone:****Mobile:****Email address:****Residency Status: Permanent Residency is a pre-requisite for appointment to the permanent staff.**

Are you an Australian Permanent Resident?

Yes

No

If **NO**, do you have a work permit?

Yes

No

If **YES**, please attach a copy of your work permit.**POSITION APPLIED FOR:**

Preferred number of hours per week:

Are you prepared/available to work:

Afternoon Shift:

Yes

No

Weekends:

Yes

No

Night Shift:

Yes

No

Public Holiday:

Yes

No

If requested, are you able to work outside normal rostered hours?

Regularly

Occasionally

Rarely

Never

Date when you could commence employment with us?

Professional/Educational Qualifications

Please list your formal qualifications that are relevant to this position.

Institution	From	To	Qualification Obtained
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Work Experience

Please list your work experience commencing with your current/most recent position and work backwards to your previous employers.

Employer	From	To	Position
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Registration

For occupations where registration is a pre-requisite for employment

Occupation	Registration Number	Date Registered in WA	Expiry Date
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Referees

Please list the names and telephone numbers of two referees who can comment on your work performance and competencies.

Name of Referee	Telephone Contact	Work Relationship
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You may want to consult with your GP if you have any doubts in any of these areas.

Are you required to take medication which may:

Affect your work performance? Yes No

Affect your attendance at work? Yes No

If Yes, please provide full details

Applicants who have a health condition are invited to discuss its relevance for employment with the Manager or Human Resource personnel.

WORKER'S COMPENSATION

A previous Worker's Compensation Claim is *not* a barrier to the consideration of an application for employment however you are required to indicate if you have ever made a claim for Worker's Compensation.

Section 79 of the Workers Compensation and Rehabilitation Act 1981

"Where it is proved that the worker has, at the time of seeking or entering employment in respect of which he/she claims Compensation for a disability, wilfully and falsely represented themselves as not having previously suffered from disability, a dispute resolution body may in its discretion refuse to award compensation which otherwise would be payable".

Have you ever made a Worker's Compensation Claim?

Yes If **Yes'** please give details No

CRIMINAL SCREENING

Employment is subject to satisfactory criminal record checks to be undertaken on appointment and thereafter on a 3 yearly basis.

Have you ever been convicted of any offence in any court, or are you currently the subject of any criminal charge pending before any court?

Yes

No

If **Yes** please provide details (date, nature of conviction)

DECLARATION

I declare that all the above statements and attached supporting information are true in all respects. I acknowledge that any statement, which is found to be false or deliberately misleading, will make me, if employed, liable for dismissal.

I understand that appointment to Braemar Presbyterian Care is conditional upon production of acceptable proof of identity, proof of resident status and satisfactory criminal record check. I consent and hereby authorise Braemar Presbyterian Care conducting such enquiries as it deems necessary to verify any information supplied in this application.

Name: (Please Print)

Signature:

Date

(if you are applying electronically, you will be required to sign a printout of this application should you proceed in the recruitment process)

A current National Police Clearance is required and is attached.

Yes

No

A signed Statutory Declaration (if required) is attached.

Yes

No

Any additional information in support of your application should be attached.