

Application Form

Information provided on this application form must be correct to the best of your knowledge. Agenns will treat your information with confidence. May only share it with other government agencies in accordance with the law.

Position Applied For:

Registered Nurse / Midwife Assistant in Nursing

How did you hear about us?

A Friend Website Facebook Instagram Other: _____

Applicant Details

First Name: _____ Middle Name: _____ Surname: _____

Previous Names (if any): _____

Date of Birth: _____

Address

Address Line 1: _____

Address Line 2: _____

City: _____ State / Province: _____

Postal Code: _____ Country: _____

Gender:

Male

Female

Contact Details:**Physical Address**

Address Line 1: _____

Address Line 2: _____

City: _____ State / Province: _____

Postal Code: _____ Country: _____

Contact Details:**Postal Address**

Address Line 1: _____

Address Line 2: _____

City: _____ State / Province: _____

Postal Code: _____ Country: _____

Telephone: _____ Mobile: _____

Email: _____

Next of Kin details (to be notified in case of emergency)

Full Name: _____

Relationship to Applicant _____

Address

Address Line 1: _____

Address Line 2: _____

City: _____ State / Province: _____

Postal Code: _____ Country: _____

Telephone: _____ Mobile: _____

Email: _____

Aboriginal or Torres Strait Origin**Do you consider yourself:**

- Aboriginal
- Torres Strait Islander
- Aboriginal and Torres Strait Islander
- Neither Aboriginal nor Torres Strait Islander
- Prefer not to answer

Disability

Do you have a disability or consider yourself disable?

- Yes No

If 'Yes', do you need special facilities at work?

- Yes No

General Information

Do you have access to a car ?

- Yes No

If 'Yes', list your licence No: _____

Are you an Australian Citizen or Permanent Resident?

- Yes No

Are you a New Zealander?

- Yes No

Are you on a Student Visa or Work Visa?

- Yes No

Do you need sponsorship?

- Yes No

Do you have a criminal record? If Yes, provide details.

- Yes No

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Indicate your preferred area of work?

- Aged Care Community Clinic Disability Acute Care Hospital
 Step-down Hospital Mental Health

Indicate your preferred shift?

- AM PM Night Duty

Are you fit to work with vulnerable persons?

- Yes No

Select your area(s) of specialty (For Registered Nurses Only)

- | | |
|---|--|
| <input type="checkbox"/> Aged Care | <input type="checkbox"/> Cardiology |
| <input type="checkbox"/> Cardiothoracic | <input type="checkbox"/> Cardiovascular |
| <input type="checkbox"/> Coronary Care | <input type="checkbox"/> Emergency |
| <input type="checkbox"/> ENT | <input type="checkbox"/> Gastroenterology |
| <input type="checkbox"/> General Medical | <input type="checkbox"/> General Surgical |
| <input type="checkbox"/> Gynaecology | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Intensive Care | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Midwifery | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Neurosurgical | <input type="checkbox"/> Oncology / Haematology |
| <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Orthopaedics |
| <input type="checkbox"/> Paediatrics | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Perioperative - Anaesthetics | <input type="checkbox"/> Perioperative - Day Surgery |
| <input type="checkbox"/> Perioperative - Gastroenterology | <input type="checkbox"/> Perioperative - Recovery / PACU |
| <input type="checkbox"/> Perioperative - Theatre | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Renal / Nephrology | <input type="checkbox"/> Surgical - Burns & Plastics |
| <input type="checkbox"/> Urology | <input type="checkbox"/> Vascular |
| <input type="checkbox"/> Other | |

Education History

| Schools, Colleges, Universities attended | Attended From (mm/yyyy) | Attended to (mm/yyyy) | Qualifications Achieved |
|--|-------------------------|-----------------------|-------------------------|
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Employment History

| Employer | Employed From (mm/yyyy) | Employed to (mm/yyyy) |
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Referees

List 2 referees worked with you in the last 2 years (one of them must be your senior)

Reference 1

Company: _____

Name: _____

Position: _____

Email: _____

Mobile: _____

Reference 2

Company: _____

Name: _____

Position: _____

Email: _____

Mobile: _____

Eligibility to work in Australia

Are you registered by a professional Body?

- Yes
- No
- N/A

| Name of Professional Body | Registration / PIN# | Date of First Registered (mm/yyyy) | Expiry Date (mm/yyyy) |
|---------------------------|---------------------|------------------------------------|-----------------------|
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Have you been cautioned or suspended in regard to your professional practices?

- Yes
- No
- N/A

Immunisation details. (See separate sheet)

Signature _____ Date: _____