



The Application for Employment form is required to be submitted with the following documents:

- Covering letter in support of application
- Response to Key Selection Criteria
- Applicants Curriculum Vitae

Position Applying for

General Information

Name

Address

Contact

Home phone

Mobile

Email

Are you of Aboriginal/Torres Strait Islander Origin? No Aboriginal Torres Strait Islander
(This question is voluntary)

Do you wish to be identified under this category? Yes No

Are you an Australian Citizen or Permanent Resident: Yes No Date of Grant/...../.....

If no, what is your current Visa Status – Visa type _____ Expiry date/...../.....

Place/Country of issue: _____ Issue Number: _____

Do you require sponsorship? Yes No

Conditions of Employment

Employment conditions are governed by the relevant Public Sector Health Industry Awards and EBAs relevant to the position applied for:

Initial employment is subject to:

- 6 months' probationary period (*with a review at 3 months.*)
- Requirement to work any shift
- Requirement to work in any department as required

Hours of Work – _____ (Availability)

Discipline/Misconduct

Have you experienced discipline or misconduct action at any previous employment? Yes No

If **Yes**, please provide details:

Police and Working with Children Checks

Satisfactory Police Checks, and in some areas, Working with Children Checks are mandatory at the point of employment.

If you have a current Police Check and/or Working with Children Check, please show the check identifying numbers and the date of issue: _____

Upon engagement, you will be required to provide the necessary information to complete a Check. Please note that it is a condition of employment that you maintain a current satisfactory Police Check and, if required, Working with Children Check.

Pre-existing Health and Injury Declaration

Swan Hill District Health (SHDH) is committed to achieving a safe working environment for all employees. As part of this, it is our objective to ensure potential employees are not required to work in duties that they are not able to perform safely. As part of the application process for employment with SHDH, we request you to disclose any pre-existing injury or disease which may be adversely affected by the performance of the inherent requirements of the position you have applied for – as described in the Position Description for the position.

Pursuant to S.41 (1) and (2) of the *Workplace Injury Rehabilitation and Compensation Act 2013*, you are required to disclose to SHDH any pre-existing injury or disease that you have suffered of which you are aware, and could reasonably be expected to foresee, could be affected by the nature of this proposed employment.

Failure to make a disclosure, or the making of a false or misleading disclosure, would disentitle you to compensation pursuant to the *Workplace Injury Rehabilitation and Compensation Act 2013* should you suffer any reoccurrence, aggravation, acceleration, exacerbation or deterioration of your pre-existing injury or disease arising out of, or in the course of, or due to the nature of with SHDH. SHDH will rely upon any failure to disclose in accordance with the provisions of the *Workplace Injury Rehabilitation and Compensation Act 2013* as grounds for denying compensation in accordance with S.41 (1) and (2).

Should any alteration, change or rearrangement be necessary to enable you to carry out the inherent requirements of the position, we also request that you disclose these requirements. SHDH is an equal opportunity employer and will arrange any reasonable adjustment to enable a person with a disability to perform the inherent requirements of the position and therefore compete equally with other applicants for this position. Please disclose in the place below any pre-existing injury or diseases that you suffer from, or have suffered from, which could be affected by the nature of your proposed employment with Swan Hill District Health.

Disclosure advice: - (to be completed by the applicant)

I confirm that I have read and understood the contents of the above information and state that I have disclosed all relevant information in relation to my health and physical ability to carry out the inherent requirements of this position.

Signature of applicant: _____ **Date:**/...../.....

NOTE: If providing this form electronically, you accept that the information is true and correct by the action of submitting the form. You will be requested to sign the printed version at your interview if you are selected.

Enquiries:

Email address: employment@shdh.org.au

Phone: 03 50339315

Postal Address: PO Box 483 SWAN HILL VIC 3585