



POSITION APPLIED FOR \_\_\_\_\_

## PERSONAL DETAILS

Surname \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Preferred Name \_\_\_\_\_ Date of Birth (option) \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

## CURRENT QUALIFICATIONS

Qualification Title	Institution/Training Provider	Year Completed

Are you currently undertaking study/training? (tick one)  Yes /  No

Course Program/Name \_\_\_\_\_

Full-time /  Part-time /  Distance /  Other

## PREVIOUS EMPLOYMENT

Employer Name/Establishment	Dates: from/to	Position held	Reason for leaving

## REFERENCES

Do you agree to have referees contacted in relation to this application? (tick one)  Yes /  No

(Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential.)

Please provide details of three people who can speak on your behalf regarding your working history.

Name	Title/Position	Contact Number

What type of work are you available for? (tick one)  Full-time /  Part-time /  Casual

## AUSTRALIAN CITIZENSHIP

Are you an Australian Citizen? (tick one)  Yes /  No

-If you ticked 'No' please provide Visa/Work \_\_\_\_\_

## SIGHTED ORIGINAL DOCUMENTATION AND COPY ATTACHED

Birth Certificate, OR  Australian Citizenship Certificate, OR  Passport - Visa  
AND  Photo Identification (Drivers Licence, Proof of Age Card etc.)



## PLEASE ANSWER THE FOLLOWING

Are you willing to undertake a medical examination?  Yes /  No

Are you legally entitled to work in Australia?  Yes /  No

Are you willing to work on weekends?  Yes /  No /  N/A

Are you willing to work shifts?  Yes /  No /  N/A

Are you willing to work NIGHT shifts?  Yes /  No /  N/A

Are you over the age of 18?  Yes /  No

Have you been hospitalised for any medical condition in the last 5 years?  Yes /  No

- If 'Yes, please provide details:  Yes /  No

Do you have any medical restrictions which would prevent you from carrying out the functions of the role you have applied for?  Yes /  No

- If 'Yes, please provide details:

Have you ever claimed workers compensation?  Yes /  No

- If 'Yes, please give reason for claim:

## NATIONAL POLICE CERTIFICATE

In accordance with the Aged Care legislation please provide details in relation to any Criminal history:  
(For work in the aged care industry it is a legal requirement for each employee to have a current police check certificate.)

Do you have a current National police Certificate?  Yes /  No

- If 'Yes', please provide the Certificate reference number:

A copy of the document is attached. Date of Issue:        /        /

Are you the subject of any criminal charge(s) still pending before a court, or have you been the subject of criminal conviction(s) or finding(s) of guilt before a Court which are not "pardoned, quashed or spent convictions under Legislation?  Yes /  No

-If 'Yes', please provide details:

## OTHER INFORMATION

Have you been a citizen or permanent resident of another country other than Australia since turning 16 years of age?  Yes /  No

*-If 'Yes', you are required to provide a completed statutory declaration before you can be employed in any aged care service. A copy of the Statutory Declaration can be downloaded from the Employment section of our website ([www.oloc.com.au](http://www.oloc.com.au)). Please ensure you attach a completed copy to this application if applicable.*

Do you speak any languages other than English?  Yes /  No

-If 'Yes', please specify:

Are you related to any staff member currently employed by Our Lady of Consolation?

-If 'Yes', please specify:



**WHY DO YOU WISH TO APPLY FOR THIS POSITION:**

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**WHY DO YOU BELIEVE YOU SHOULD BE SELECTED FOR THIS POSITION**

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*Please ensure that you have provided a response to all sections on this application form.  
I certify that the information in this application form is true and correct in every detail. I further certify that the information that I have provided in relation to my Medical and Criminal History is true and correct. I accept that if I have any false information my employment may be discontinued.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

