

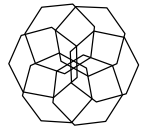
The information contained in this application will constitute the basis for any contract of employment, which may ensue.

Personnel

CURRENT DETAILS		
Specify position or type of employment being applied for:		
I am seeking: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other _____	
Given Name(s):		
Surname:		
Residential Address:		Post Code:
Postal Address (if different from above):		Post Code:
Former Surnames:	Date of Birth:	Place of original Registration:
Languages spoken fluently:		
CONTACT NUMBERS / EMAIL		
Home Number:	Work Number:	
Mobile Number:	Email Address:	
NEXT OF KIN / EMERGENCY CONTACT (if not your next of kin)		
Relationship:	Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other _____	
Given Name(s):		
Surname:		
Phone Number:	Mobile Number:	
GENERAL INFORMATION		
Have you ever been convicted of an offence by a Magistrate's Court or Criminal Court? If so, please give details. _____ _____		
Have you been a patient or worked in a hospital outside of WA during the last 12 months? _____ If yes, please produce an MRSA clearance report. If you do not have a clearance report, an MRSA test will be required.		

Perth Clinic works in accordance with the National Privacy Principles and Privacy Act 1988 (as amended). Our policy on managing personal information is available at reception and from our Privacy Officer. For further information please contact reception on 9481 4888.

PTO...



Please tick (✓) your response to the following questions:

1. Are you aware of any circumstances regarding your health, which may interfere with the satisfactory discharge of the duties of the position for which you are now applying? Yes  No

If yes, please comment: \_\_\_\_\_

2. I agree to Perth Clinic requesting confidential reports from my previous employer. Yes  No
3. I understand that any discussion or disclosure of records or information concerning patients, staff or Perth Clinic generally is a serious betrayal of trust and could mean instant dismissal. Yes  No
4. That I will notify the Chief Executive Officer / Director of Nursing (in writing) within 14 days, should I appear in court and be convicted of a criminal offence. Yes  No
5. That if employed as a trainee, my continued employment during my period of training, will be subject to maintaining satisfactory progress in both theoretical and practical training. Yes  No
6. That all statements in my application are correct to my knowledge and that the making of a false statement may lead to dismissal. Yes  No
7. That it is a condition of my employment that an ID card containing my photograph and full name must be worn at all times. Yes  No
8. That it is a condition of employment that I have a current National Police Clearance and Working with Children Check. I declare the information contained in this application is true. I understand that any intentional omissions from this application or false statement may lead to my dismissal. Yes  No
9. I declare that the qualifications I have asserted to have are genuine and acknowledge that false claims may lead to my dismissal and / or prosecution for any relevant offence. Yes  No
10. I am aware that Perth Clinic is a non-smoking environment. Yes  No

Family Name: \_\_\_\_\_

First Name/s: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**TO BE COMPLETED BY NURSES**

Under the provisions of the Poisons and Therapeutic Regulation 1994, I declare that my authority as a Nurse to dispense or administer drugs of addiction (Schedule 8 of the NSW Poisons List), as the case may be, has not been withdrawn.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_