

## APPLICATION FOR VACANCY FORM

South Perth Hospital is committed to growing a diverse workforce to better meet the differing needs of our consumers. Aboriginal and Torres Strait Islanders and those from culturally diverse backgrounds are encouraged to apply.

VACANCY DETAILS	
Position Title:	Department:

PERSONAL DETAILS				
Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
Last Name:			Given Names:	
Home Address:				
	Suburb:		Post Code:	
Postal Address: <i>(if different from home address)</i>				
	Suburb:		Post Code:	
Home Phone:			Work Phone:	
Mobile:			Email:	
Date of Birth:				<i>Admin purposes only</i>

CITIZENSHIP & RESIDENCY – Please include a photocopy of your residency or VISA details so that your work rights can be verified.			
Are you an Australian citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No – please provide the relevant information below:		
Date applied for permanent residency:		Type of visa and expiry date:	

ADDITIONAL INFORMATION	
Previous employment at South Perth Hospital	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked in a hospital or nursing home or been hospitalised outside of Western Australia within the last twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “Yes”, please give details:	

**DECLARATIONS:** The following declarations are NOT a barrier to being considered for employment but will assist us to take due care in assessing appropriate placement should you be the successful applicant.

WORKERS' COMPENSATION CLAIM	
Have you ever made a claim for Workers' Compensation?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Date of Claim:		Is the claim still current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:			
Date of Claim:		Is the claim still current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:			

**PRE-EMPLOYMENT HEALTH QUESTIONNAIRE**

<b>To the best of your knowledge are you of sound health?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If 'No' please give details</i> _____
<b>Do you have a disability, illness or injury likely to be aggravated by the type of work for which you are applying for or which you may have special needs with regards to work design or modification?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If 'Yes' please give details</i> _____	

No.	Do you have or have you had any of the following conditions? If yes please provide further details in the table below.	Answer	
		YES	NO
1	Heart disease, heart attack or angina, high blood pressure		
2	Asthma, wheeze or lung disease		
3	Abdominal ulcers or hernia		
4	Frequent or regular migraine / headaches		
5	Allergies or sinusitis		
6	Eczema, dermatitis or other skin complaints		
7	Anxiety, panic attacks or psychiatric illness including depression		
8	Visual problems that cannot be corrected by prescription glasses		
9	Ear conditions such as deafness or tinnitus		
10	Blood borne viruses including Hepatitis B, Hepatitis C or human immunodeficiency virus (HIV)		
11	Immunosuppressed including receiving chemotherapy or long term steroid use		
12	Have you ever been treated for drug or alcohol addiction		
13	Diabetes		
14	Previous back, neck or spinal injury including whiplash		
15	Sciatica or disc protrusion		
16	Back pain		
17	Spinal operation		
18	Arthritis / rheumatism		
19	Hip / knee / ankle injury		
20	Shoulder / elbow / wrist injury		
21	Chronic joint injury including stiffness or pain		
22	Shoulder or hip bursitis		
23	RSI / Occupational overuse syndrome		
24	Bleeding disorder		
25	Muscle / tendon or ligament problem		
26	Carpel tunnel syndrome		
27	Epilepsy, fainting, fits, blackouts or dizzy spells		
28	Any sporting / vehicle or work-related illness or injury		
29	Have you ever been discharged or resigned from a job for medical reasons		
30	Have you had an application for Superannuation, Life Insurance or similar rejected on medical grounds		
31	Are you a smoker? If yes how many daily		

**For questions above (1 – 31) answered YES, complete the table below. Please complete on an additional sheet if required.**

No.	Duration and Dates of Condition	Current Status

*If you fail to disclose information about a pre-existing medical condition or workers compensation claim, your claim may be pended or declined.*

**EQUAL OPPORTUNITY INFORMATION** – The following optional information is for equal opportunity reporting purposes and will not be used to assess your suitability for appointment.

<b>Do you identify as:</b>	Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>	Both <input type="checkbox"/>
<b>What is your country of birth?</b>			
<b>What is the main language spoken at home?</b>			
<b>Are you from a culturally diverse background (i.e. from a first generation non-English speaking background or have migrated to Australia and your first language is one other than English)?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No

**CONDITIONS OF EMPLOYMENT**

I agree that if my application for employment is accepted:

1. I understand that part of the application procedure may involve a medical examination by a medical officer nominated by South Perth Hospital and I authorise disclosure of the results of this examination to the hospital.
2. I consent to any reference checks which may be necessary to support this application.
3. I will abide by all South Perth Hospital policies and procedures presently in force, and as amended in the future.
4. I agree to abide by all safety regulations, wear suitable clothing and footwear and to use equipment properly.
5. I will work shift work, weekends, Public Holidays, on-call and overtime as required by South Perth Hospital as per my terms of employment.
6. I agree to produce evidence of a current National Police Clearance Certificate in addition to a current Working with Children Clearance if the position requires. I understand that having a criminal record will not necessarily preclude me from employment but failing to undertake the relevant police clearance will.
7. I acknowledge and declare that the above mentioned particulars are complete and accurate in every detail. I understand that should any information that I have provided be found to be false or misleading, my contract of employment may be instantly terminated without notice.
8. It is a condition of employment that existing employees advise the Chief Executive Officer/Director of Nursing if there is a change in their criminal record whilst employed.
9. It is a condition of employment that applicants must disclose to the interviewing manager on primary/secondary employment. The employer will not unreasonably withhold consent in respect of some other professional or non-professional position, where there is no conflict with your duties, no impact on your availabilities and no potential conflict of interest or potential for damage to the employer’s reputation.
10. I agree if I have secondary employment, I will not exceed the weekly hours prescribed by the National Employment Standards (NES).

Signature of Applicant ..... Date .....

**Submission of application via either:**

1.	<b>Email</b>	hr@sph.org.au
2.	<b>Fax</b>	(08) 9474 4299
3.	<b>Postal</b>	South Perth Hospital, PO Box 726, COMO WA 6952

**Applicant Checklist**

Covering Letter	<input checked="" type="checkbox"/>
Job Description/Selection Criteria addressed	<input type="checkbox"/>
Application for Employment form	<input type="checkbox"/>