

## Job Application Form - Confidential

<b>DATE</b>	
<b>POSITION APPLIED FOR</b>	

PERSONAL DETAILS	
Title	
Gender	
First Name	
Middle Name	
Surname	
Preferred Name	
Date of Birth	

ADDRESS	
Suburb	
State	
Postcode	

CONTACT DETAILS	
Email:	
Phone Number:	

RESIDENTIAL STATUS	
Are you an Australian Citizen?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have Australian Permanent Residency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a visa to allow you to work in Australia?	<input type="checkbox"/> YES <input type="checkbox"/> NO

VISA DETAILS	
Visa Type	
Expiry Date	
List Any Restrictions	

LICENCES AND CHECKS	
Select your current driver licence status	
How long have you been driving in Darwin (years)?	
Do you have prior experience transporting clients?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a current NT Working with Children Ochre Card?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a current police clearance (obtained within the last six months)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a current NDIS Worker Screening Clearance?	<input type="checkbox"/> YES <input type="checkbox"/> NO

AVAILABILITY	
What type of work are you available for?	
Are you available for shift work, including afternoons, active nights, and weekends?	<input type="checkbox"/> YES <input type="checkbox"/> NO

CODES OF CONDUCT	
Are you aware of the following?	
<input type="checkbox"/>	NDIS Code of Conduct
<input type="checkbox"/>	Aged Care Code of Conduct
<input type="checkbox"/>	Unsure

How did you hear about Golden Glow?	
(Multiple selection permitted)	
<input type="checkbox"/>	Friend / Family
<input type="checkbox"/>	Radio
<input type="checkbox"/>	Google
<input type="checkbox"/>	Other



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COMPLIANCE TRAINING	
(Multiple selection permitted)	
Select courses that you have successfully completed in the past 12 months	
<input type="checkbox"/>	CPR
<input type="checkbox"/>	Manual Handling
<input type="checkbox"/>	Infection Control
<input type="checkbox"/>	Medication Management
<input type="checkbox"/>	Food Safety
<input type="checkbox"/>	None of the Above

Select courses that you have successfully completed in the past 3 years	
<input type="checkbox"/>	First Aid
<input type="checkbox"/>	None of the Above

Have you completed the following NDIS Orientation Modules?	
<input type="checkbox"/>	New Worker NDIS Induction
<input type="checkbox"/>	Quality, Safety and You
<input type="checkbox"/>	Supporting Effective Communication
<input type="checkbox"/>	Supporting Safe and Enjoyable Meals
<input type="checkbox"/>	None of the Above

Do you have experience dealing with Behaviours of Concern	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Unsure

CURRENT QUALIFICATIONS		
Qualification Title	Institution/Training Provider	Year Completed

<b>Are you currently undertaking study/training? (tick)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Course Program / Name</b>	

PROFESSIONAL REFEREES			
Please nominate 3 people in a senior role that you reported to from your last 3 consecutive positions. Only professional work or study related referees will be accepted.			
Do you agree to have referees contacted in relation to this employment application?			
YES		NO	
Name	Position	Company	Contact Details (Phone)



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### DECLARATION

I declare that to the best of my knowledge the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organisation. I understand that this application does not constitute an offer of employment. I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application.

**Signed:**

**Date:**

**Please return a copy of your resume with your application form. Please return via email to [info@goldenglownursing.com.au](mailto:info@goldenglownursing.com.au)**

Thank you for taking the time to submit your application for a position with Golden Glow Nursing.

#### **What next?**

For now, you have taken the first step by submitting an application to join our team. Should we have a suitable position available, we will contact you to schedule an interview.

#### **Confidentiality:**

All information provided in your application will be strictly confidential. We reserve the right to keep all applications on file for future contact. It is quite common for us to contact applicants several months after they have submitted their application when a position opens matching their profile. Should you ever change your mind and wish to withdraw your application simply contact us and ask to have your application deleted.