

Cobar Shire Council

LILLIANE BRADY VILLAGE

APPLICATION FOR EMPLOYMENT - EN/AIN
HR 3e

- *All information provided here will be treated in the strictest confidence*
 - *If your application is unsuccessful, this form shall be kept for a period not exceeding twelve (12) months and then destroyed.*
 - *All supporting documentation must be provided before this application will be assessed.*
 - *If offered employment, this form will become the basis of your personnel file.*
- Please complete this form as accurately and neatly as possible.*

POSITION APPLIED FOR: _____ Permanent/Part Time/ Temporary

NAME: _____

ADDRESS: _____

CONTACT PHONE NUMBER: _____

EMAIL ADDRESS: _____

DRIVERS LICENCE: YES / NO CLASS _____

EDUCATIONAL QUALIFICATIONS.

Please attach a full copy of academic transcripts for any recent senior school studies and/or University/College studies completed or currently being undertaken.

Please provide a summary of your educational background.

(A) SECONDARY EDUCATION

YEARS	NAME OF SCHOOL	CERTIFICATE AWARDED

(B) TERTIARY EDUCATION

YEARS	NAME OF INSTITUTION	DEGREE/DIPLOMA/ CERTIFICATE AWARDED

(C) OTHER QUALIFICATIONS

Please attach a copy of certificates or statements for membership of any professional associations, short and/or non-accredited courses that you have completed and are relevant to the position for which you are applying.

Please provide a summary of these other qualifications.

<i>DATES</i>	<i>SUBJECT/COURSE</i>	<i>ORGANISATION CONDUCTING COURSE</i>	<i>CERTIFICATE AWARDED</i>

(D) PROFESSIONAL ASSOCIATIONS

<i>NAME OF PROFESSIONAL BODY</i>	<i>GRADE OF MEMBERSHIP</i>	<i>DATE OF APPOINTMENT</i>

PREVIOUS EMPLOYMENT.

Please provide a summary of your full employment background.

<i>EMPLOYER</i>	<i>POSITION</i>	<i>PERIOD HELD</i>	<i>MAIN DUTIES & RESPONSIBILITIES</i>
1)			
2)			
3)			
4)			

Enrolled Nurses

AHPRA Nurses Registration Number: _____

Practising Certificate Anniversary Date: _____

REFEREES.

Please list names and contact numbers of three (3) work referees.

1. _____
2. _____
3. _____

SELECTION CRITERIA.

The position for which you have applied for requires qualifications and/or experience which are considered essential and desirable in performing the duties of this position.

Please address all elements of the essential and desirable criteria as fully as possible.

IMPORTANT: To be eligible for this position, all applicants must satisfy all elements of the Essential Criteria and address the Desirable Criteria as listed below. Applicants who do not satisfy the essential criteria, or do not complete this application form will not be considered for this position.

ESSENTIAL CRITERIA *(Describe how you are able to meet the following criteria)*

- 1. Enrolled Nurse Certificate and current certification with the Australian Health Practitioner Regulation Agency (**AHPRA**)
or
 Assistant in Nursing – Certificate III Aged Care Worker
or
 Previous experience in Aged Care.
or
 New entrant worker – willing to undertake “on the job training” and complete Certificate III Aged Worker

Please list the relevant education, training you have undertaken and any certification received.

- 2. Good communication skills and literacy skills

- 3. Demonstrated ability to work effectively in a team situation.

- 4. Demonstrated ability to acknowledge and maintain residents’ rights and confidentiality in accordance with the required legislation.

- 5. Perform work activities and functions in a manner which promotes personal safety and risk management.

- 6. Perform delegated care activities in accordance with residents’ plans of care and the Lilliane Brady Village’s policies and procedures.

7. Contribute to on-going care planning.

8. Good Customer relations skills and a commitment to provide quality service.

DESIRABLE CRITERIA *(Describe how you are able to meet the following criteria)*

1. Ability to plan and to work to establish priorities.

2. Demonstrate flexibility in work practices in order to support colleagues and to meet the changing needs of the facility.

3. Complete clinical documentation, in accordance with the Lilliane Brady Village’s policy, to render those clinical records helpful and of proper value to other members of the health care team.

4. Identify hazards in the work area and report in accordance with the Lilliane Brady Village’s policy and protocol.

I certify that all answers and statements on this application form and any attachments thereto are true and complete to the best of my knowledge.

I certify that all medical particulars will be provided to Council by way of a pre-employment medical should my application be successful.

I understand that should I provide untruthful or misleading information, this application may be rejected or my employment with the Cobar Shire Council subsequently terminated.

Signed: _____ **Date:** _____

Please place in a sealed envelope marked “**Confidential – Enrolled Nurse/Assistant in Nursing**” and forward your application to:

The General Manager
Cobar Shire Council Telephone : 02) 68 365 888
PO Box 223 Facsimile : (02) 68 365 889
COBAR NSW 2835

Thank you for applying for this position.