

**APPLICATION FORM**

Date Received by HR ____/____/____
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**Details of Position Applied For:**

Position Title:    Nursing Officer (RN)             Paramedic Officer             Medical Officer

Ambulance             Other Advertised Position  
(please specify)

**Personal Details of Applicant:**

Title:                    Mr                     Mrs                     Ms                     Dr

Given Names:

Address:

Suburb/Town:             State:

Post Code:             Country:

**Contact Phone Numbers:**

Work:             Home:

Mobile:             Email:

What Country do you hold Citizenship and/or residency? \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_            DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

**Part 1: To be completed by current or ex-serving Defence Force Members and other Government organisations.**

Have you been a member of the Defence Force, or any other Government organisations?

Yes                     No

If yes, what organisation? \_\_\_\_\_

How long were you with the organisation and do you hold any valid security clearances, this could include Police clearances and/or any other screened clearances, eg. NAMS/COMKAF clearance?

\_\_\_\_\_  
Please list any Operation/Non Operational Service you have completed alongside the Defence Force or any other Government organisation? (Active Service, Operational Service, Peacekeeping) E.g. Interfet, East Timor, Afghanistan, Iraq, Solomon Islands  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Part 2: To be completed by Medical Officers/Nursing Officers/ Enrolled Nurses/ Paramedic Officers**

Medical Officer       Nursing Officer       Enrolled Nurse       Paramedic Officer

Nature of Qualification: \_\_\_\_\_

Graduating School/University/Organisation: \_\_\_\_\_

Post Graduate Qualifications: \_\_\_\_\_

Qualification	Year Obtained	Agency

State of Registration: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Do you have a current 'Annual Practicing or Licensing Certificate'?    Yes                   No

Certificate Number: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_

Have you been refused registration to practice in any Country or had limitations placed on you level of practice?

Yes                   No                   If yes, give details \_\_\_\_\_

***It is a condition of employment that all clinical contractors maintain their professional registration. Failure to do so will result in instant dismissal or refusal of employment.***

**DISCLOSURE OF PERSONAL PARTICULARS**

Applicant's with a criminal history may be precluded from obtaining entry or work visas for some countries. As a result all persons applying for a position, office or status are required to furnish information concerning contraventions of/or failure to comply with any provision of law whether committed in Queensland or elsewhere. Ensure you provide details of all offences. All information obtained will be treated confidentially and not transmitted to any other party or agency. Possession of a criminal history does not automatically preclude employment.

**You must provide details of your criminal history.**

Should further information be required from another State or Territory, you may be required to obtain further information via the freedom of information processes of the applicable State/Territory. The Human Resources Manager, where required, may also conduct criminal history checks.

Have you ever appeared in Court and had a judgment made against you?      YES                   NO

If convicted of an offence, have you ever maintained an alias?                  YES                   NO

Have you ever been imprisoned/served a prison term?                  YES                   NO

Have you ever had a conviction recorded by a court for a traffic offence?      YES                   NO

Have you ever been arrested, summonsed or charged to appear before any court, tribunal or authority in connection with ANY criminal, civil, military or other offence or incident?      YES                   NO

*If you answered YES to any of the above questions provide full details, include date, place and outcome. (Attach separate sheet if necessary)*

\_\_\_\_\_  
\_\_\_\_\_

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**DISCLOSURE OF PERSONAL MEDICAL HISTORY**

Due to the nature of work, Applicant's with some conditions or extensive medical histories may be precluded from obtaining a position, office or status within the Company. All information contained within this application is strictly confidential and will not be disclosed or transmitted to any party or agency. All successful applicants will be required to pass a pre-employment/deployment medical examination which will be closed off by the Medical Director or a nominated Medical Officer prior to being accepted for employment or deployment outside Australia.

**Have you now or have you ever had any of the following? Please tick Yes or No**

High Blood Pressure	Yes		No	
Heart Disease or illnesses	Yes		No	
Medical Illness requiring hospitalisation	Yes		No	
Diabetes	Yes		No	
Epilepsy	Yes		No	
Major Trauma	Yes		No	
Hearing Problems	Yes		No	
Problems affecting Mobility	Yes		No	
Psychiatric Disorders	Yes		No	
Have you ever had Hepatitis, HIV or other notifiable disease	Yes		No	
Malaria or Dengue Fever	Yes		No	
Other problems not covered above	Yes		No	

If you answered Yes to any questions please give details below: (Attach extra pages if necessary)

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List any regular drugs or medications you take (Prescription, over-the-counter, herbal or other):

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**Personal Medical History Continued:**

Do you currently take any illicit or illegal drugs (recreational drugs) on a regular or irregular basis?

Yes  No  If yes, when did you last use them? \_\_\_\_\_

How many standard alcoholic drinks would you normally consume in a week? \_\_\_\_\_

**Please Note: On some sites, it is expected that employees and contractors will undergo random drug and alcohol testing. Please read the section "General Conditions of Employment" at the back of this kit for further information.**

Do you have any other illnesses or injuries, which may impede you carrying out your full duties?

Yes  No

If yes, please give details:

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**Reference Checks.**

Referees may be contacted as part of the final selection process to verify information and increase the amount of data, relevant to the final selection criteria. Any referees you nominate must have been in a direct supervisory position to you and will only be contacted for successful interview applicants.

References will not be accepted from ministers of religion, friends, relatives or other persons unless you have been under their direct supervision during a period of employment. You are required to provide at least 3 referees.

Referee Name:	
Contact Number (s):	
Email Address:	
Company or Agency:	
Length of time known:	
Relationship to Referee:	

Referee Name:	
Contact Number (s):	
Email Address:	
Company or Agency:	
Length of time known:	
Relationship to Referee:	

Referee Name:	
Contact Number (s):	
Email Address:	
Company or Agency:	
Length of time known:	
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***Applicant's Declaration***

1. I declare that to the best of my knowledge and belief, all the information provided in support of my application for employment is true and correct.
2. I understand that an updated copy of my resume and supporting qualifications must be attached for this application to be valid.
3. My application contains certified supporting documentation and statements referring to all criteria outlined in any specific job description and where necessary documentary proof of citizenship.
4. I hereby authorise the Human Resources Manager or delegate to contact my referees, as listed for further supporting information regarding my application. I understand that all information gained from my referees will be kept in strictest confidence and not transmitted to any other person without my direct permission.
5. I understand that should any of the particulars furnished in this application be found to be false or misleading in any material way, action may be taken to withdraw any offer of contract. If the applicant has already been appointed, he/she may be asked to show cause as to why their contract should not be terminated.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**An updated resume and proof of qualifications/certifications must accompany this application for it to be valid. This application will be destroyed should the supporting documents not be attached.**

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