

APPLICATION FORM

This application form is to be completed independently and as accurately as possible by the applicant.

Applicants must understand & accept that no guarantee of employment is given by the completion of this form & submission of supporting documents.

Have you ever been employed by or applied for a position with YNA or Alpha Nursing previously?							
Yes		No		If yes, please provide details:			
How did you hear about us?							
Referred		Referrer Name:			Referrer Contact Number:		
Website		Seek		Other		Details:	
Your Details							
Surname				Given Name (s)			
Preferred name				Previous Names			
Gender				Date of Birth			
Address							
Suburb		State		Postcode		Mobile	
What role/s are you applying for? <i>Please complete relevant Skills on Page 2 or Page 3 according to your job role</i>							
Registered Nurse		Midwife		Enrolled Nurse		PCW/DSW/AIN	
Other							
Which areas do you wish to work in?							
Acute		Aged Care		Community		Regional & Remote	
Are you confident to communicate in a language, in addition to English?							
Yes		No		If Yes, Which Language:		1.	2.
For Number 1, can you:		Read		Write		Speak	All
For Number 2, can you:		Read		Write		Speak	All
Cultural group experience							
Do you have experience working with a particular cultural group? Please provide details.							
Are you interested in permanent employment options?				Are you interested in Regional and Remote assignments?			
If yes, what locations: All States SA QLD NSW VIC NT WA TAS ACT							

SKILLS

Complete the section/s below, relevant to your job role and select all skills you feel confident for us to allocate you to.

Registered Nurse, Midwife and Enrolled Nurse Skills								
Competent Skill	Select	Office	Competent Skill	Select	Office	Competent Skill	Select	Office
Medical			Surgical			Midwifery		
General			General			Ante Natal		
Dialysis			Orthopaedics			Post Natal		
Oncology			Burns			Labour/ Delivery		
Palliative Care			Day Surgery			Group Practice		
Rehabilitation			Aged Care			Epidural		
Critical Care			RACF			Neonatal Resus		
ICU			Diversional Therapy			Women's Assessment & Education		
ICU Vent Comp			Lifestyle					
ICU Vent Invasive			Mental Health			Paediatrics		
ICU Vent Non Invasive			Assessment			General		
Coronary Care			Acute			NICU		
ED			Community			NICU Vent Comp		
HDU			ED			PICU		
ALS			MH First Aid			Nursery/SCBU		
Post Grad Certificates (Please List)			Forensic			Community		
			Gerontic			Paeds ED		
			Paeds			Paeds Trach		
						Neonatal Resus		
						PALS		
Other Skills (if not listed, please specify additional skills in the third column)								
Community			CPAP					
School Health			Tracheostomy					
Prisons			Prisons					
General Practice			Speciality: E.g. Medical Imaging/Cosmetics					
Immunisation Exp								

SKILLS CONTINUED.

Complete the section/s below, relevant to your job role and select all skills you feel confident for us to allocate you to.

Personal Care Worker, Disability Support Worker, Assistant in Nursing Skills								
Competent Skill	Select	Office	Competent Skill	Select	Office	Competent Skill	Select	Office
Acute			Aged			Community		
General			RACF			Disability		
Hospital Special			Lifestyle Activities			Aged		
Mental Health			Dementia			Lifestyle Activities		
Are you enrolled in a Bachelor of Nursing degree?						Domestic Work		
Yes		No	What year will you graduate?			Medication		
What year are you currently enrolled in?						Paediatrics		
If you are a Nursing Student, please detail most recent clinical placements you have completed								
Type of Placement		Facility			Placement Dates			
					From		To	
					From		To	
					From		To	
					From		To	

COMPETENCIES, QUALIFICATIONS, CERTIFICATES AND CLEARANCES

Clearances	Select	Office	Competencies	Select	Office
Child Safe Environment Cert			ALS		
Working with Children Check			PALS		
Aged Care Screening Check			Remote Area Nurse		
NDIS Worker Screening Check			Triage Certificate		
Criminal Record Check			Venipuncture		
EPAS / IEMR / EMR Training			IV Cannulation		
Other:					

COMPETENCIES, QUALIFICATIONS, CERTIFICATES AND CLEARANCES CONTINUED.

Certificates	Select	Sighted	Qualifications	Select	Sighted
Cert III Aged Care			Diploma		
Cert III Home & Community			Degree		
Cert III Disability			Post Grad/ Masters		
Cert IV Disability			Driving for Work (Community Transport)	Select	Sighted
Cert IV Aged Care			Australian Drivers Licence (or Aust Interim)		
Cert IV in Leisure/Lifestyle			Third Party Comprehensive Insurance		
Cert IV Training and Assessment			Vehicle Roadworthy Check: Independent		
			Modified Vehicles- Wheelchair Capability		

YOUR PREFERRED SHIFTS AND AVAILABILITY

To enable us to place you into shifts as soon as possible, please clearly indicate your preferred ongoing availability* for work in the chart below. Try to open your availability up allowing us greater scope to offer you shifts. Once you have established yourself as a regular employee with several of our clients, these clients can request you specifically when they want a shift filled.

*Note: the more restricted the availability you indicate in the table below, the less shift options you may have.

Your details						
Are you available to work any time? Yes No				How many hours per week would you prefer to work?		
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM
ND	ND	ND	ND	ND	ND	ND
Travel/ Engagement Preference Details						
Maximum Travel Time to Shifts		Default 45 Minutes			Specific Time:	
How do you plan to travel to shifts?				Do you have a valid Australian Drivers Licence?		
Can you take early morning/evening phone calls?						
Yes		No		Do not call before:		Do not call after:
Office Use						
Preferred facility/suburb				DNS facility/suburb		

APPLICANT’S DECLARATION AND AUTHORITY

Have you ever been investigated, arrested, reported for, or pleaded or found guilty of, any criminal offence? (This includes offences where a conviction was not recorded). Yes No

If yes, please provide details:

Are you currently facing charges yet to be determined for any such offence? Yes No

If yes, please provide details:

Have you ever had your employment terminated by a public sector organisation or any other organisation for any reason? Yes No

If yes, please provide details:

Have you ever been the subject of formal allegations or an investigation or any other process relating to alleged unsatisfactory performance or misconduct as an employee? Yes No

If yes, please provide details:

Are you an Australian Citizen: Yes No

If you cannot provide us with a current Australian passport or Australian Birth Certificate, you give permission for us to check Entitlement Verification Online as a Department of Home Affairs requirement to verify employee entitlements. You are aware that if you are not entitled to be in Australia, the Commonwealth may use this information to locate you? Yes No

We are restricted in our ability to release employee personal information to third parties in certain circumstance under the Privacy Act 1988. Staff often list their employer as a reference to financial institutions, real estate companies or prospective employers. To assist us in providing the necessary information to a third party for your convenience in these circumstances this authority must be submitted.

Please verify you give approval for us to share your personal information with a third party for the purpose of:

Advising shift details and confirming your acceptance of shifts on your behalf Yes No

Name / Relationship of person authorised to accept shifts as outlined above:

Providing your resume/employment history to any clients or proposed clients, as required Yes No

Rental / finance applications submitted by you to third parties Yes No

Prospective employer references Yes No

You confirm you are competent and confident to work with us in the skills selected on pages 2-3. Yes No

I declare that the information provided by me on this questionnaire is true and complete to the best of my knowledge.

I make this declaration, knowing that to purposefully mislead an employer in this regard may be grounds for severe disciplinary action, including dismissal.

Name:

Date:

The completion of the form is based on unverified information provided by the employee. We will not be held responsible for errors or omissions, or for any damages arising from such errors or omissions.

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