**To apply for employment at Bellarine Community Health Ltd (BCH) forward this completed Application Form with:**

* A brief covering letter that states the title and reference number of the advertised position
* Your Resume including:
* Your home & postal addresses and business & home telephone numbers
* Work experience identifying current to previous roles with a brief description of the duties of each, highlighting those relevant to the advertised position and your achievements
* Education and training relevant to the advertised position
* Evidence of your suitability against each key selection criteria listed in the position description
* Include copies of your qualifications and current registration certificates (if applicable)
* The names of 2 referees, preferably your current & last supervisor or an indication of availability upon request.

**If selected for interview you will be required to:**

* Agree to provide a current National Police Reference Check (issued within the preceding 12 months).
* Provide a current Working with Children Check.
* Provide your Drivers Licence, and originals or authorised copies of your qualifications.
* Provide an original of one of the following as evidence of legal entitlement to work in Australia:  
  Permanent resident status; Australian Citizenship Certificate; Temporary Visa with entitlement to work; Australian or New Zealand passport; Australian Birth Certificate.
* Applicants may also be required to complete a Pre-Employment Health Report.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Position Applied For** | | | | | | | | | | | | | | |
| **Personal Details** | | | | | | | | | | | | | | |
| Applicant’s Title | | Given Names | | | | | Surname | | | | | | | |
| Postal Address | | | | | | | | | | Post Code |  |  |  |  |
| Residential Address | | | | | | | | | | Post Code |  |  |  |  |
| Phone: Home | Work | | Mobile | | | | Email | | | | | | | |
| **Entitlement to Work in Australia** | | | | | | | | | | | | | | |
| Are you an Australian Citizen?Yes  No | | | | | | Permanent Resident?Yes  No | | | | | | | | |
| If **No** please provide your Visa status | | | | | | | | | | | | | | |
| **Languages Spoken** other than English? | | | | 1. | | | | | 2. | | | | | |
| **Current / Past BCH Employment?** Yes  No | | | | | | | | | | | | | | |
| If **Yes,** Last Position Title | | | | Dept | | | | | Final Date // | | | | | |
| Are you transferring from another Public Health Institution?  YES  NO | | | | | | | | *If YES, you will be required to provide copies of Certificates of Service to confirm continuous service*  *Note: Acceptance of Continuous service obligations is conditional upon Executive Management approval.* | | | | | | |
| **Voluntary Departure Package** | | | | | | | | | | | | | | |
| Have you received a Voluntary Departure Package from the Victorian State Government, Instrumentality or Department or Agency or an enhanced Separation Package in the last 3 years? Yes  No | | | | | | | | | | | | | | |
| If **Yes** please provide details of the package you received including the date on which you received the package | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Are you currently, or have you ever been subject to a disciplinary process from an employer?** Yes  No | | | | | | | | | | | | | | |
| If Yes please provide details: | | | | | | | | | | | | | | |
| **Health Status Declaration** | | | | | | | | | | | | | | | |
| All applicants shortlisted for interview will be required to complete the Health Status Declaration to disclose all pre-existing injuries or medical conditions that could affect their suitability to undertake the requirements of the position.  This disclosure will not influence the selection process unless it is clear the pre-existing condition would prevent the applicant from safely carrying out the requirements of the position.  The final offer of appointment to this position may be subject to the applicant undertaking a pre-employment health assessment to establish their suitability to undertake this position | | | | | | | | | | | | | | | |
| I have received the position description that explains the responsibilities of the position of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I understand that I am required to inform BCH of all pre-existing injuries and medical conditions of which I am aware and which I believe may be affected by the job for which I am applying; and I understand that if I fail to inform BCH or if I provide false or misleading information about my condition, as per the Accident Compensation Act 1985, I and my dependants may not be entitled to compensation payments if my pre-existing injury or medical condition recurs or worsens as a result of working in the position for which I have applied. | | | | | | | | | | | | | | | |
| 1. I am not aware of any pre-existing injury or medical condition that I have that may be affected by performing any of the responsibilities contained in the position description | | | | | | | | | | | | | | | |
| 1. I am aware of the following pre-existing injuries or medical conditions that may be affected by performing the responsibilities contained in the position description   List details of pre-existing injuries, medical conditions or allergies: | | | | | | | | | | | | | | | |
| 1. If you are applying for a position in dental, nursing, sterilising or podiatry, you are required to have the following vaccinations: Hepatitis B, Influenza, MMR, Pertussis and Varicella.   Are you vaccinated for the following:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Hepatitis B  Yes  No | Influenza  Yes  No | MMR *(if not ammune)* Yes  No | Pertussis (dTpa) Yes  No | Varicella *(if not ammune)*  Yes  No |     If you are applying for a position working with children, you are required to have the following vaccinations: Influenza, MMR, Pertussis, Varicella  Are you vaccinated for the following:   |  |  |  |  | | --- | --- | --- | --- | | Influenza  Yes  No | MMR *(if not ammune)* Yes  No | Pertussis (dTpa) Yes  No | Varicella *(if not ammune)*  Yes  No | | | | | | | | | | | | | | | | |
| **Criminal Record** | | | | | | | | | | | | | | | |
| In accordance with BCH Police Records Check Policy and Procedure all persons applying to BCH for employment are required to undergo a police check. We recommend CrimCheck as it provides a fast response. The information that you provide will be treated confidentially and will be considered only in relation to the job for which you are applying. Disclosure of a conviction does not disqualify you from consideration. | | | | | | | | | | | | | | | |
| Have you been convicted of a criminal offence?Yes  No  Do you have a hearing pending for a criminal offence?Yes  No | | | | | | | | | | | | | | | |
| If **Yes** please provide details including dates | | | | | | | | | | | | | | | |
| **Privacy** | | | | | | | | | | | | | | | |
| Bellarine Community Health collects this personal information for the purposes of processing and considering your application for employment. We use this information only for these purposes and will not disclose personal information unless authorised by you or as permitted or required by law. BCH may disclose personal information contained in your application to nominated referees in order to verify statements contained in your application. Sensitive and health information is only collected and disclosed with your consent or as permitted by law. Your information is treated as confidential and managed in accordance with BCH’s Privacy Policy. Failure to provide some or all of the information requested may result in your application not being processed. You are able to request access and / or correct the information we hold about you under the Freedom of Information Act 1982. Please contact the BCH Manager Corporate Services if you wish to obtain a copy of BCH’s Privacy Policy. | | | | | | | | | | | | | | | |
| **Declaration** | | | | | | | | | | | | | | | |
| I declare to the best of my knowledge the information provided on this Application Form and accompanying application documents is true and I have not knowingly omitted or provided false and/or misleading information. I understand and agree that omitting details or providing false and/or misleading information may lead to the termination of my employment should an offer be extended by BCH.  If successful for this position I understand if that this Job Application signed by me (The Applicant) forms part of my employment contract. | | | | | | | | | | | | | | | |
| Applicant’s Signature Date // | | | | | | | | | | | | | | | |
| Printed Name of Applicant | | | | | | | | | | | | | | | |
| **Forward your application to:**  Personal Assistant/HR  Bellarine Community Health,  PO Box 26, Point Lonsdale Vic 3225  Fax: 03 5258 0801  Email: [recruitment@bch.org.au](mailto:recruitment@bch.org.au) | | | | | | **Internal Use Only:**  Interview Yes  No  Advised by:  Date:  Time:  Comments | | | | | | | | | |