|  |  |  |
| --- | --- | --- |
|  | **Application for Vacancy** |  |
|  |
| **POSITION DETAILS**  |
| POSITION No:Enter here | POSITION TITLE:Enter here | FULL TIME [ ]  PART TIME [ ]  CASUAL [ ]  | LOCATION:Enter here | LEVEL:No. |
| **PERSONAL DETAILS** |
| SURNAME (block letters):Enter surname | [ ] Mr [ ] Mrs [ ] Ms [ ] Miss [ ] Dr |
| GIVEN NAMES: Enter here | PREFERRED NAME: Click here |
| Gender: [ ]  Male [ ]  Female [ ]  Indeterminate/Intersex/Unspecified |
| RESIDENTIAL ADDRESS: Enter here | POSTCODE: Enter here |
| POSTAL ADDRESS: (if different to residential address):Enter here |
| TELEPHONE – Preferred Number: Enter number | Alternative Phone Number:Enter number | Email Address: Click hereI understand and agree that the email address supplied may be used for all correspondence. | Age?Choose item |
| **EMPLOYMENT DETAILS** |
| Are you currently employed in the WA Public Sector? [ ]  YES [ ]  NO (Go to Non Public Sector Applicant question) |
| Have you ever received a voluntary severance from the WA Public Sector? [ ]  YES [ ]  NOIf “Yes”, what is your re-entry date on your Deed of Severance: Enter here  |
| **Current Public Sector Employees to Complete:**  |
| What type of employment status do you have? [ ]  Permanent [ ]  Contract of Employment [ ]  Casual [ ] Contract for Service (Non-Employees) |
| **AGENCY** | **SUBSTANTIVE CLASSIFICATION LEVEL** | **AWARD/AGREEMENT** |
| Enter here | Enter here | Enter here |
| **Non-Public Sector Applicants:** provide current or last employer details (If applicable) |
| **NAME OF EMPLOYER** | **POSITION TITLE** | **DATE FROM:** | **DATE TO:** |
| Enter here | Enter here | Enter here  | Enter here  |
| Have you previously been employed by the Department for Child Protection and Family Support? [ ]  YES [ ]  NOIf “Yes”, please state: Date Last Employed: Enter here Work Unit: Enter here Reason for Leaving: Enter here |
| **ELIGIBITY INFORMATION** |
| **To be eligible for Permanent Appointment to the Western Australian Public Sector, it is essential that you are an Australian citizen or have permanent Australian resident status.****To be eligible for Temporary Appointment to the Western Australian Public Sector, you must have documentary evidence of your entitlement to live and work in Australia for the period of the contract.**ARE YOU AN AUSTRALIAN CITIZEN/ PERMANENT AUSTRALIAN RESIDENT? [ ]  YES – Attach Citizenship/Residency documentation [ ]  NOIF YOU HAVE A VISA THAT ALLOWS YOU TO WORK IN AUSTRALIA, DO YOU PROVIDE PERMISSION TO THE DEPARTMENT TO CONFIRM YOUR WORKING RIGHTS ON VEVO ? [ ]  YES [ ]  NO (Please attach a copy of the first page of your passport, including its number and your photograph). |

|  |
| --- |
| The Department embraces diversity, and encourages applications from people with disability. Do you require any reasonable adjustment to support you in this role?☐ YES – Please provide more information. Enter here☐ NO |
| **Valid WA driver’s licence** (Note: Refer to JDF if possession of a valid WA driver’s licence **is a pre**requisite for the role): Do you have a valid WA Driver’s Licence? [ ]  YES – Expiry Date: Click here  [ ]  NO – Have you applied for a WA driver’s licence? [ ]  YES – Date applied for: Click here  [ ]  NO(Please attach a copy of your driver’s licence) |
| **WORKING WITH CHILDREN CHECK** – required for applicants applying for child-related work in the Department of CommunitiesDo you have a current Working With Children (WWC) Card?[ ]  N/A [ ]  YES – please specify your WWC Identification number: Enter here and attach a copy of your positive assessment notice to this application form.[ ]  NO – have you lodged an application for a Working With Children Check? [ ]  YES [ ]  NO |
| **CRIMINAL CONVICTIONS**Do you have any current convictions for any offences FROM ANY COURT, or are you currently the subject of any charge pending BEFORE ANY COURT? You do not need to give details of any conviction which you have had declared spent (Spent Convictions Act 1988). [ ]  YES [ ]  NO If YES, please give details **Enter here** **A criminal record does not necessarily disqualify an applicant from being appointed; however, Departmental policy requires successful applicants to be checked**. |
| **WORKERS COMPENSATION**Do you have a current Workers’ Compensation claim or previously had any Workers’ Compensation / Insurance injury? ☐ YES ☐ NOIf “YES”, please provide details of all Workers’ Compensation/ Insurance injury claim/s: Enter hereA Workers Compensation Claim is NOT a barrier to the consideration of an application for employment. However, any disability or likely injury to affect your work performance or which could recur or be aggravated by the type of work for which you are applying must be disclosed. |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer (if applicable)  |  | **Insurance company** | **Approx. Date** | **Nature of injury** |
| **1.** Enter here  |  | Enter here  | Enter here  | Enter here  |
| **2.** Enter here |  | Enter here | Enter here | Enter here |
| **3.** Enter here |  | Enter here | Enter here | Enter here |
|  |  |  |  |  |

 |
| **HEALTH**To the best of your knowledge and belief do you have a medical condition, disability or injury which may preclude you from undertaking the duties of the position you are applying for? [ ]  YES [ ]  NOIf “NO” please give details: Enter here*Applicants who have a medical condition, disability or injury are invited to discuss its relevance or otherwise to their prospects of employment with the selection panel.* |
| **REFEREE DETAILS – Must include 2 recent employment referees** |
| [ ] Mr [ ] Mrs [ ] Ms [ ] Miss [ ] Dr | SURNAME (block letters):Enter surname | GIVEN NAMES: Enter here |
| **Company Name** | **Position Title** | **Email** |
| **Contact Number** | **Relationship** |  |
| **REFEREE DETAILS** |
| [ ] Mr [ ] Mrs [ ] Ms [ ] Miss [ ] Dr | SURNAME (block letters):Enter surname | GIVEN NAMES: Enter here |
| **Company Name** | **Position Title** | **Email** |
| **Contact Number** | **Relationship** |  |
| **ADVERTISED VACANCY** |
| **Where did you see this position advertised?** Enter here  |
| **DECLARATION** |
| I declare the above statements to be true in all respects. I acknowledge that any statement, which is found to be false or deliberately misleading, will make me, if employed, liable for disciplinary action, including possible dismissal.Signature ....................................................................................................................................................... Date: Enter here  |
| **ATTACHMENTS** |
| **COMPULSORY:**❑ **Résumé**  (include two recent employment referees) |
| **AS APPLICABLE:**[ ]  **Citizenship/residency documentation**[ ]  **Visa** – showing permission to work in Australia[ ]  **Valid WA driver’s licence** Note: Refer to JDF if possession of a valid WA driver’s licence is a pre-requisite for the role. [ ]  **Working with Children Card** (required for all child-related positions)[ ]  **Certified copies of qualifications** (mandatory for all child-related positions) Please provide certified copies of degree, transcript and unit outlines/outcomes. Note: if you have an overseas qualification, this must be assessed to compare the level of studies undertaken overseas with the Australian Qualification Framework (AQF) level of studies. You can contact the Overseas Qualifications Unit, Department of Training and Workforce Development either by phone +61 8 224 6500, fax: +61 8 9224 6580 or, email: email: oqu@dtwd.wa.gov.au or apply online at [www.dtwd.wa.gov.au/careercentre](http://www.dtwd.wa.gov.au/careercentre) to arrange this assessment.[ ]  **Statement addressing the Selection Criteria/Work Requirements** |