Government of Western Australia
Department of Health

Health Support Services

R5 # APPLICATION FORM

000009587

Please note: Proforma, and applications received after the closing date and time cannot be accepted.
* Denotes a mandatory field.

Our recruitment and selection processes reflect the commitment of the Department of Health to the care and protection of children and young

First Name   Surname

Address

Suburb   State   Country   Post Code

(A) VACANCY DETAILS

		Closing Date *	
Position Number *		Position Level & Title *	
Health Service Site / Agency *		Department / Division *	

(B) APPLICANT PERSONAL DETAILS

Title		First Name *		Last Name *	
Preferred Name					

Residential Address *		Suburb / Town *	
State *		Post Code *		Country *	

Postal Address *		Suburb / Town *	
State *		Post Code *		Country *	

Email	

Email Consent	☐ Yes ☐ No	**I understand and agree that the email address supplied will be used for all correspondence**

Phone Numbers (Please indicate preferred number) *

	☐ Day Time		☐ Home	
	☐ Business		☐ Mobile	

(C) EMPLOYMENT DETAILS

Are you currently employed in the WA public sector? *	☐ Yes ☐ No	Please specify details of current employment below:

	Agency/Company		Classification Level (if applicable)		Award (if applicable)	
	Start Date of Employment		Work Type (e.g. Permanent, Fixed Term)			
	Position Title					
	Have your previously worked in WA health if so can you please advise of your past employee number?					

Have you ever received a voluntary severance from the WA public sector? *	☐ Yes ☐ No	If yes, please specify details below:

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	What is your re-entry date on your Deed of Severance?	

(D) ATTACHMENTS WITH THIS APPLICATION FORM

1) I have attached further documentation to this application. *	☐ Yes ☐ No	
2) If you have indicated "Yes" to the above question, state the number of attachments.		
3) If you have indicated "Yes" to the above question, state the total number of pages included in these attachments.		

(E) RESIDENCY STATUS QUESTIONS

1) I acknowledge that to be eligible for a permanent appointment to the Western Australian public sector it is essential that I am an Australian citizen or have permanent residency status in Australia. To be eligible for fixed term appointment I must have documentary evidence of my entitlement to live and work in Australia for the period of the contract. *	☐ Yes ☐ No
2) Are you an Australian Citizen or Permanent Resident? *	☐ Yes ☐ No
3) If you are not an Australian Citizen or Permanent Resident, have you applied for permanent residency or a temporary work visa? *	☐ Yes ☐ No ☐ N/A
4) If applicable, what is the expiry date on your temporary work visa? (Please note a copy of your visa will be required prior to your commencement of casual or fixed term employment).	
5) If you aren't an Australian citizen or permanent resident, have you applied for permanent residency? *	☐ Yes ☐ No ☐ N/A

By submitting this application I am declaring all statements in the application to be true and correct, to the best of my knowledge, at the time it was submitted. I acknowledge that the information I am providing will be relied on in assessing my application and that, if I am appointed to this position, any significant information that is found to be false or misleading may make me liable for disciplinary action including possible dismissal.

I understand that it is the Department of Health policy that all recommended applicants may be required to undergo a Criminal Record Screening prior to their commencement, and that the screening is carried out by the Department of Health and the cost is borne by the employee.

Applicants who subsequently become aware that information they have provided is false or misleading should immediately bring this to the attention of WA Health.

☐ I have read understood and accept these conditions.

Please note: Once you submit your application you will not be able to change it.

Signature * _____ Date *