



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 people.

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand and agree that the email address supplied will be used for all correspondence	
Phone Numbers (Please indicate preferred number) *			
	<input type="checkbox"/> Day Time		<input type="checkbox"/> Home
	<input type="checkbox"/> Business		<input type="checkbox"/> Mobile
(C) EMPLOYMENT DETAILS			
Are you currently employed in the WA public sector? *		<input type="checkbox"/> Yes <input type="checkbox"/> 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 you 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? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify details below:	

	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. *		<input type="checkbox"/> Yes <input type="checkbox"/> 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. *		<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Are you an Australian Citizen or Permanent Resident? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
3) If you are not an Australian Citizen or Permanent Resident, have you applied for permanent residency or a temporary work visa? *		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? *		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 *