**APPLICATION FORM**

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| **ADVERTISED VACANCY DETAILS** | POSITION TITLE: Director Policy, Monitoring and Research | POSITION No: CCYP00036772 |
| LEVEL: 8 |  |

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| **PERSONAL DETAILS** | SURNAME:       | Title:  |  |
| FIRST NAME:       | OTHER NAMES:       |
| ADDRESS FOR NOTIFICATION:  | TELEPHONE NUMBER: |
|       | Home:       |
|       | Post Code: |       | Mobile:       |
| EMAIL ADDRESS:       | Business:       |
|  |
| Are you an Australian Citizen or permanent resident of Australia? | Yes [ ]  | No [ ]  |
| Do you have a temporary working Visa? *please state expiry date* | Yes [ ]  | No [ ]  |
| If yes, please attach a copy to this application. | Expiry Date |   /   /     |
| **EMPLOYMENT DETAILS** | 1. Are you currently employed in the West Australian Public Sector?
 | Yes [ ]  | *If Yes Please Complete questions 2 3 & 4* |
|  No  [ ]  |
| 1. *Have you received a voluntary severance payment from the State Public Sector? State Department.*
 | Yes [ ]  |  *When:*   /   /     *Department:*   |
|  No [ ]  |
| 1. Please indicate your current employment status:
 |  |
|
| 1. Substantive position:

*(do not list acting positions)* | Position Title: |       |
| Department: |       |
| Classification Level: |       |
| DECLARATION | I declare the statements made in this application form to be true in all respects. I acknowledge that any statement that is found to be false or deliberately misleading will make me, if employed, liable for dismissal. |
|       |   /   /     |
| Signature of Applicant(*or just type your name when submitted electronically*) | Date |

|  |  |
| --- | --- |
| **HEALTH/WORKER’S COMPENSATION CLAIMS** | Have you, to the best of your knowledge had a medical condition, or ever made a claim for Worker’s Compensation that may preclude you from undertaking the duties of this position?A medical condition or disability is ***NOT*** a barrier to the potential offer of employment within the public sector. However, to assist in assessing opportunities for placement, please indicate whether you have a disability or injury likely to affect your work performance or that requires special consideration/needs. |
|  | **Yes** **(***If “Yes”, please provide details*) |       |
|  | **No** | [ ]  |
| **CRIMINAL CONVICTIONS** | Do you have any current criminal convictions for any offences from any court, or are you currently the subject of any charge pending before any court? |
|  | **Yes**(*If “Yes”, please provide details*) |       |
|  | **No** | [ ]  |
|  | You do not need to give details for any conviction which you have had declared spent (West Australian Spent Convictions Act 1988). If rejection of your application is considered solely because of a criminal record, you will be given the opportunity to discuss the matter fully before a final decision is made. |

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| **CHECKLIST FOR APPLICANT** | [ ]  | Application Form is completed and attached to application |
| [ ]  | Application addresses the Work Related Requirements |
| [ ]  | Current CV/Resume is attached |
| [ ]  | Copies of relevant qualifications are attached |
| [ ]  | Copy of current working visa (*if applicable*) is attached |
| [ ]  | Additional information in support of this application is attached – **please do not provide originals** |
| [ ]  | When applying electronically please always **use PDF o**r **Word format in Arial 11pt font.** |

Office use only

Received

Time: …………….

Date: / /

Name

(20/698)