



Echuca Community for the Aged
LEADERS IN AGED CARE

Application for Employment MAN-FM-E1.1

Surname: _____ Given Names: _____

Preferred Name: _____ Date of Birth: _____

Residential Address: _____

_____ Post Code: _____

Postal Address (if different to Residential Address) _____

_____ Post Code: _____

Phone No.: _____ Mobile No.: _____

Email Address: _____

Title of Position Applied for _____

Education		
Highest level of Secondary Education Achieved	Name of Institution	Completed

Tertiary Qualifications		
Course	Institute	Date Completed

Employment History				
Name of past Employers	From	To	Position	Reason for Leaving



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Professional Referees – PLEASE NOTE : Referee MUST be someone in a senior organisational role

Name of Person	Title	Organisation	Phone Number
1.			
2.			
3.			

Availability to Work –(NOT applicable for Administration staff)

	YES	NO		YES	NO		YES	NO
Weekdays			Weekends			Public Holidays		
Daytime			Evenings			Nights		

Have you read the relevant Position Description? Yes No

I, _____ hereby declare that I do not have any medical conditions that would prevent me from carrying out the relevant duties of this job, as outlined in the position description.

Signature: _____ Date: _____

I, _____ hereby declare that all the information on this application is true and correct.

Signature: _____ Date: _____

Please attach a current detailed resume.



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Staff Health Record MAN-FM-E1.5

TO BE FILLED IN BY APPLICANT

PERSONAL DETAILS

SURNAME _____ **GIVEN NAMES** _____

DATE OF BIRTH / /

POSITION APPLIED FOR: _____

NOTE 1. This information will be treated as confidential but viewed by the CEO / Clinical Care Coordinator and DOCS to assess your medical fitness to undertake the tasks involved in the job description of the position for which you have applied.

PERSONAL HISTORY

Have you knowingly been in contact with pulmonary TB YES NO

If YES - Date & place of contact.....

- Date & place of last BCG.....
- Date & place of last chest x-ray.....

Are you aware of any circumstances regarding your health which will interfere with the satisfactory discharge of the duties of the position for which you are now applying? YES NO

Have you at any time had a Flu Vaccination? YES NO

Date of your last Flu Vaccination ___/___/___

Wharparilla Lodge actively encourages all staff to have an annual influenza vaccination.

I certify that the above answers are true and correct to the extent of my knowledge, and understand that the deliberate withholding of information or the provision of misleading information will make my application void.

SIGNED _____

DATE ___ / ___ / ___



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Pre-existing Injury Declaration

This completed form is to be kept in the Employee's Personnel file.

In accordance with Section 41(1)-(2) of the *Workplace Injury Rehabilitation and Compensation Act 2013* you are required to disclose any or all pre-existing injuries, illnesses or diseases (pre-existing conditions) suffered by you which you are aware of and that could reasonably be expected to be affected by the nature of the proposed employment.

This means any pre-existing injuries and diseases suffered by you that could be accelerated, exacerbated, aggravated or caused to recur or deteriorate by you performing the responsibilities associated with the employment for which you are applying.

In making this disclosure, please refer to your position description, which describes the nature of the employment.

Please note that, if you fail to disclose this information, or if you provide false and misleading information in relation to these circumstances under s41 (1) and s41 (2) of the Act, you and your dependants may not be entitled to any form of workers' compensation as a result of the recurrence, aggravation, acceleration, exacerbation or deterioration of a pre-existing condition arising out of, in the course of, or due to the nature of your employment.

Furthermore, this Pre-existing Injury Declaration is used to assist Echuca Community for the Aged to ensure that no employee is placed in an environment or given duties that may result in harm to the Employee. You may be asked to undergo a full Medical Examination to help us to determine if modifications are required to ensure your safety at work. It is not used as a basis of employment.

Please also note that the giving of false information in relation to your application for employment may constitute grounds for disciplinary action or dismissal.

EMPLOYEE DECLARATION

I..... (print name) declare that:

- *I have read and understood this form and the attached position description, and have discussed the employment with Echuca Community for the Aged– I understand the responsibilities and physical demands of the employment.*
- *I acknowledge that I am required to disclose all pre-existing injuries and diseases which I am aware of and could reasonable be expected to be affected by me undertaking the employment*



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- *I acknowledge that failure to disclose this information or providing false and misleading information may result in invoking section 41 (1) –(2) of the Workplace Injury Rehabilitation and Compensation Act 2013 which may disentitle me or my dependants from receiving any workers' compensation benefits relating to any recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing injury or disease which I may have arising out of or in the course of, the employment.*

Please **CROSS OUT** whichever of the following statements is **NOT** applicable:

- *I am not aware of any pre-existing injuries or diseases that may recur or deteriorate, accelerate or be exacerbated or aggravated by the employment being offered as per the Position Description.*

OR

- *I have suffered the following injuries or diseases (medical conditions) that may recur, deteriorate, accelerate, be exacerbated or aggravated by the employment offered to me as per the Position Description. (Please note: You may be asked to undergo a full Medical Examination) Please list details:*

.....

- *I acknowledge and declare that the information provided in this form is true and correct in every particular.*

.....
Employee Signature

.....
Print name of employee

.....
Employer Signature

.....
Print name of Employer

Date:.....

Additional comments / Modifications:

.....