



## EXPRESSION OF INTEREST FOR EMPLOYMENT

Please complete all required details

<b>Position applying for:</b>				
<b>Service/Programme</b> (please indicate)				
Please Circle:	Full time	Part time	Casual	Relief
Please indicate how you became aware of this vacancy;				

### Personal Details

Title (please indicate)	Mr	Mrs	Miss	Ms	Other
Surname:					
Given name/s:				Preferred Name:	
Home address:				Post Code:	
Telephone Day:	Evening:		Mobile:		
E-mail address:					
<b>Driver's Licence No:</b>	Please attach a copy of Drivers Licence, if required				
Are you legally permitted to work in Australia? Yes / No					
A temporary resident with a current Work Visa: Yes / No If Yes, Please attach copy of relevant Visa.					
Are you of Aboriginal / Torres Strait Islander origin? : Yes / No					

### Employment Details

Have you previously worked for Baptistcare? Yes / No				
If yes indicate previous designation/position;				
Dates from:	/ /	to	/ /	

### Education/ Training/ Qualification Details

Secondary school/ College/ University/ Professional Institute	Year		Highest Standard Passed, Certificate or Diploma Obtained
	From	To	
Current study being pursued:			
Additional education undertaken:			

Professional Registration (eg Nursing, Physio) Yes / No	Expiry date / / of Registration
<b>OFFICE USE ONLY:</b> Original Registration Sighted Yes / No	Copy attached- Yes / No

Please turn over

## Employment History

Please provide details commencing with the most recent position.

Company Name	Employed		Job Title	Main Duties	Reasons for Leaving
	From	To			

List any relevant experience, qualification or skill that will support this application:


Provide details of three referees.

Name	Company	Position	Contact No

## Medical Information & History

NOTE: Baptistcare reserves the right to request a pre-employment medical assessment by a Medical Officer nominated by Baptistcare and at our expense prior to employment.

Do you suffer from any illness, physical disability or medical condition, which may affect your work performance and your ability to perform the type of work you are applying for?

Yes No If yes, please provide FULL details:

--

Have you ever made a claim for workers' compensation? Yes No

If yes, please provide details:

Injury/ illness	Date of Occurrence	Employer

**NOTE:** section 79 of the Workers' Compensation and Assistance Act 1981 gives the Workers' Compensation Board discretion to refuse to award compensation which would otherwise be payable, where it is proved that the worker had, at the time of seeking or entering employment, wilfully and falsely represented themselves as not having previously suffered from the disability, the subject of the claim of compensation.

Please turn over

## Physical Requirements of the Job

Your work requires a certain level of physical strength and flexibility. Please read the following carefully;

### **Must be able to:**

Maintain a slight to moderate degree of lumbar flexion for periods of a few minutes at a time repeatedly throughout a working day.

Maintain a crouched/kneeling position for several minutes at a time.

Push / pull up to 20 kgs for several minutes at a time.

Stand for lengthy periods.

Walk reasonable distances.

### **Must have:**

Moderately good whole-of-body flexibility

Medium levels of aerobic and anaerobic capacity

Reasonably strong and stable leg joints for prolonged standing and walking activities

Good spinal strength and flexibility.

### **Overall strength level required to perform the job:** Low to moderate

A high strength level is required:                      Occasionally

A medium strength level is required:                      Frequently

A low strength level is required:                      Frequently

### **Overall endurance/fitness level required to perform the job:** Moderate

The average duration of a **high** level of physical activity is ½ hr/day.

The average duration of a **medium** level of physical activity is 2 – 5 hrs/day.

The average duration of a **low** level of physical activity is 1 – 3 hrs/day.

### **Overall flexibility level required:** Moderate

Spinal – Moderate

Shoulder girdle/arm/hand – Moderate

Hip/knee/ankle/foot – Moderate

Do you feel you can Satisfy the Physical Requirements for the job?	Yes / No
--	----------

*You may want to consult with your GP if you have doubts in any of these areas.*

*Please turn over*

## Declarations

A current Police clearance is required is it attached?    Yes / No

In the last 5 years, have you been charged with any offence, which has not been finally determined before a court or otherwise withdrawn or dismissed?    Yes    No

If yes, please provide details:


In the last 5 years, have you served any part of a sentence of imprisonment, or been charged with any offence that has been proven against you?    Yes    No    If yes, please provide details:


## Candidates Declaration

To the best of my knowledge, the information in this application is true and correct. I acknowledge that I have read and understood the contents of this Declaration and hereby authorise Baptistcare to make such enquiries as it deems necessary to verify any information supplied in this application.

Candidates Signature	Date
	/    /

*Office use only*

### The following has been sighted and a copy supplied

Driver's Licence No:	<b>Yes</b>	<b>No</b>
Professional Registration	<b>Yes</b>	<b>No</b>
Police Clearance	<b>Yes</b>	<b>No</b>
Relevant work visa.	<b>Yes</b>	<b>No</b>