SWIAA VILLAGE
Quality Aged Care

84-88 Restwell Road, Bossley Park NSW 2176
T: (02) 9426 1400 **F:** (02) 8786 1567
E: admassist@swiaa.org www.swiaa.org
ABN 35 146 811 181

POSITION APPLYING FOR: ..... Date: ……

Full Time ☐ Part Time ☐ Casual ☐ Temp ☐

Are you currently or have you previously been employed by SWIAA?

Yes ☐ No ☐

PLEASE NOTE:

1. **Do not** enclose original documents, qualifications or references. Photocopies will suffice, however,
2. ***Please bring originals if called for an interview.***
3. Appointment is subject to proof of eligibility to work in Australia.
4. Any statement on this form, which is found to be deliberately misleading, will make you liable for dismissal

SECTION A – PERSONAL DETAILS

Preferred form of address: Mr.☐ Mrs. ☐ Miss. ☐ Ms.☐ Dr/Prof. ☐ Other. ☐ *(please tick √whichever applicable)*

SURNAME: ..... **NAME:** .....

Former Names…… (If applicable)

POSTAL ADDRESS: .....

..... **POST CODE:** .....

Date of Birth / / *(DD/MM/YY)* Male: ☐ Female ☐ Other ☐

TELEPHONE NUMBERS:

Business: ..... Home: ..... Fax: .....

Mobile: ..... E-mail: .....

Emergency/Contact……

Address……**Postcode**……

Emergency Telephone Numbers:

Business: …… Home: …… Mobile: ……

Are you an Australian Citizen or Resident: Yes ☐ No ☐

If the answer is no, do you have a Working Visa? Yes ☐ No ☐ *(if yes, please provide a copy)*

Where did you see or hear about the vacancy advertised? *(Please √ tick your response)*

☐ Newspaper ☐ Walk in

☐ Friend/relative ☐ Website…… ……

☐ Other (please indicate)……

SWIAA VILLAGE
Quality Aged Care

84-88 Restwell Road, Bossley Park NSW 2176
T: (02) 9426 1400 **F:** (02) 8786 1567
E: admassist@swiaa.org www.swiaa.org
ABN 35 146 811 181

SECTION B – EQUAL EMPLOYMENT OPPORTUNITY

This section is for compliance with EEO legislation only
Was English the first language of: *(Please ✓ tick your selection)*

Yourself Yes ☐ No ☐ **Your Mother** Yes ☐ No ☐ **Your Father** Yes ☐ No ☐

Are you from a racial, ethnic or ethno-religious group, which is a minority in Australian society?
Yes ☐ No ☐

Are you of Aboriginal or Torres Strait Islander origin? Yes ☐ No ☐
Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐

It is SWIAA Village policy to welcome applications from people with disabilities and to attempt to meet reasonable / appropriate work-related requirements of employees.

Do you have a disability Yes ☐ No ☐

If Yes, please indicate how the workplace might be adjusted to overcome any barriers that may affect your performance.
.....
.....
.....

SECTION C – EDUCATION

1. SECONDARY *(Show details of highest examination passed or attempted or attach copy of Certificate)*
NAME OF EXAMINATION: Year 10 Year 11 Year 12

2. TERTIARY Name of Institution	**Course Undertaken**	**From**	**To**	**QUALIFICATIONS AWARDED** *(Please attach copies of your results)*

3. OTHER SKILLS AND QUALIFICATIONS
You may include professional/technical qualification, courses, fluency in languages, office skills, computer skills
.....
.....
Current Professional Registration Number:…… Valid to: / / *(dd/mm/yy)*
(A copy of Registration must be attached)
Professional Membership(s):
.....
.....
Languages spoken other than English:
……
Do you have a current drivers licence? Yes ☐ No ☐ If yes, which class? _____Expiry Date: ___/____/___
Clerical staff (skills & experience): ☐ Shorthand ☐ wpm Typing (wpm _____)
Office Machine experience: Yes ☐ No ☐

SWIAA VILLAGE
Quality Aged Care

84-88 Restwell Road, Bossley Park NSW 2176
T: (02) 9426 1400 **F:** (02) 8786 1567
E: admassist@swiaa.org www.swiaa.org
ABN 35 146 811 181

SECTION D – EMPLOYMENT HISTORY

Please indicate where you have worked before. Include overseas as well as Australian work experience. Voluntary work experience may also be included. If space provided is insufficient and you wish to provide a more detailed work history, please attach extra pages to this form.
If you are appointed, for previous service to be recognised, a detailed Statement of Service from your previous employer or Nursing Service Record Book will be required.

EMPLOYER	DATES		POSITION HELD
Present Position	From	To	

SECTION E – SPECIAL NEEDS

If you have any special needs to enable you to attend for an interview please list them below or contact the contact person for the advertised position

.....

.....

SECTION F – OTHER

REFERENCES: *(regarding employment related information)*
Please provide names and addresses of two referees, ***one of which should be your present or most recent supervisor.***

1. Name:	Title:
Organisation:	
Address:	
	Post Code:
Telephone No:	

2. Name:	Title:
Organisation:	
Address	
	Post Code:
Telephone No:	

84-88 Restwell Road, Bossley Park NSW 2176
T: (02) 9426 1400 **F:** (02) 8786 1567
E: admassist@swiaa.org www.swiaa.org
ABN 35 146 811 181

Applicant's Statement and Declaration:

Please tick (✓) your response to the following questions

Are you aware of any circumstances regarding your health, which may interfere with the satisfactory discharge of the duties of the position for which you are now applying? Yes ☐ No ☐

If yes, please comment:……

I agree to SWIAA Village requesting confidential reports from my previous employer Yes ☐ No ☐

I understand that any discussion or disclosure of records or information concerning residents and staff generally is a serious betrayal of trust and could mean instant dismissal Yes ☐ No ☐

That I will notify the Executive Manager (in writing) within 14 days, should I appear in court and be convicted of a criminal offence Yes ☐ No ☐

That if employed as a trainee, my continued employment during my period of training, will be subject to maintaining satisfactory progress in both theoretical and practical training Yes ☐ No ☐

That all statements in my application are correct to my knowledge and that the making of a false statement may lead to dismissal Yes ☐ No ☐

That it is a condition of my employment that an ID card containing my photograph must be worn or carried at all times (if applicable) and be produced on request Yes ☐ No ☐

I am aware that a criminal record check will be conducted if I am recommended for appointment. I declare the information contained in this application is true. I understand that any intentional omission from this application or false statement may lead to my dismissal Yes ☐ No ☐

I declare that the qualifications I have asserted to have are genuine and acknowledge that false claims may lead to my dismissal and/or prosecution for any relevant offence Yes ☐ No ☐

Family Name …… First Name/s……

Signature……Date / / (dd/mm/yyyy)

SWIAA VILLAGE
Quality Aged Care

84-88 Restwell Road, Bossley Park NSW 2176
T: (02) 9426 1400 **F:** (02) 8786 1567
E: admassist@swiaa.org www.swiaa.org
ABN 35 146 811 181

Information Regarding the Employment Health Assessment Questionnaire

Please note: **The information provided will be treated in the strictest confidence**

Please ensure that you read the information provided on the following pages before completing the questionnaire

Staff Health and Wellbeing Service

Evidence of Protection Against Specified Infectious Diseases

In accordance with the NSW Health Policy directive: "Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases" (PD 2007_006), all staff employed by SWIAA Village must be 'protected' against the specified infectious diseases.

The evidence required to prove 'protection' is specific. The evidence can be based on immunisation evidence, immunity evidence or assessment evidence, or a combination of all. The evidence can be either:

- A statement from your General Practitioner clearly indicating how you comply with the acceptable evidence
- A certified copy of a 'NSW Health Adult Vaccination Record Card' or equivalent
  - To be considered as evidence, all entries on any vaccination record must be individually signed with the immunisation providers details clearly noted (a provider stamp or medical practice stamp is acceptable)
- A certified copy of a written record of vaccination signed by the provider and/or serological confirmation of protection

Please note: A statutory declaration is not acceptable evidence.
Please note: the following are the minimal criteria for evidence, and any evidence provided must address these criteria.

Vaccination and/or Immunity Evidence

Disease	*Acceptable Evidence Criteria*
Diphtheria, Tetanus and Pertussis	• Documented evidence of one dose of adult type dTpa vaccine
Hepatitis B	• Documented evidence of completion of an age appropriate course of Hepatitis B vaccines over the preferred timeframe ***AND*** Documented evidence of serology indicating protective antibody levels (anti-HBs ≥ 10 IU/mL post vaccination, ***OR***, • Documented evidence of past infection indicated by positive serology (anti HBc).
Measles, Mumps and Rubella	• Documented evidence of completion of the two dose course of MMR vaccine at least one month apart, ***OR***, • Documented evidence of positive serology ie IgG for Measles, Mumps and Rubella
Varicella	• Documented evidence of completion of an age appropriate course of Varicella vaccine/s, ***OR***, • Documented evidence of positive serology ie IgG for Varicella, ***OR***, • Documented evidence of a physician diagnosed Shingles, ***OR***, • Documented evidence of Chicken Pox

TB Assessment Evidence

Assessment Type	*Acceptable Evidence Criteria*
Skin Test (TST)	Documented evidence of a skin test being completed and read within the last 12 months. If documented evidence showing that a skin test is contraindicated is provided, then documented evidence of a chest X Ray being completed and reviewed within the last 12 months is an acceptable alternative.

Mitigating Circumstance Evidence

- ***Where vaccination is contraindicated***: Should you believe that vaccination is contraindicated for you, you will need to provide evidence from you General Practitioner clearly outlining the reasons why vaccination is contraindicated.

- ***Where previous vaccination attempts have not resulted in you becoming immune:*** Should you believe that you fall into this category you will need to provide documented evidence of your vaccination course completion and your immunity status consistent with the requirements listed above.

SWIAA VILLAGE
Quality Aged Care

84-88 Restwell Road, Bossley Park NSW 2176
T: (02) 9426 1400 **F:** (02) 8786 1567
E: admassist@swiaa.org www.swiaa.org
ABN 35 146 811 181

EMPLOYMENT HEALTH ASSESSMENT

Please note: The information provided will be treated in the strictest confidence

General Information and instructions

SWIAA Village is committed to ensure that all prospective employees satisfy the inherent job requirements and job demands of the position for which they are being considered and that all employees are safe in fulfilling this role. You are therefore required to:

1. **PRINT CLEARLY**
2. **Complete Assessment form and place in the sealed envelope provided and bring with you to the interview.**
3. **You must complete all questions – if insufficient space please attach separate sheets/s of paper**
4. **Please attach any required documents and/or evidence and any other supporting documents**

INFORMATION PROVIDED WILL BE TREATED AS CONFIDENTIAL (PLEASE PRINT)				
Title: (please tick √)	Mr ☐	Mrs ☐	Miss ☐	Ms ☐
Gender: (please tick √)	Male ☐		Female ☐	Other ☐
Surname:				
Given Names:				
Former Names: (if applicable)				
Address:				
Date of Birth:				
Home/Private Number:		**Mobile Number:**		
Position Applied for:				

YOU MUST COMPLETE ALL QUESTIONS (please tick √ response)

1) Have you had previous work related injuries? Yes ☐ No ☐

1a) Please list details, of previous work related injuries and any Workers' Compensation Claims relate to those injuries:

Date of Injury	Nature of Injury/Illness	Medical Treatment	Employer	Insurer

1b) Please indicate if your Workers' Compensation Claim is closed Yes ☐ No ☐ NA ☐

_____

_____

SWIAA VILLAGE
Quality Aged Care

84-88 Restwell Road, Bossley Park NSW 2176
T: (02) 9426 1400 **F:** (02) 8786 1567
E: admassist@swiaa.org www.swiaa.org
ABN 35 146 811 181

2) Have you been involved in any motor vehicle accidents resulting in personal injury? Yes ☐ No ☐

2a) Please list details of motor vehicle accidents or 3rd Party claims relating to injuries sustained:

Date of Injury	Nature of Injury/Illness	Medical treatment	Insurer

3) Have you suffered back pain or strain injury? (Including back surgery) Yes ☐ No ☐

If yes, please give details.

_____

_____

_____

4) Have you suffered from shoulder, neck or arm strain? Yes ☐ No ☐

If yes, please give details.

_____

_____

_____

5) Have you had a full medical clearance for any injuries identified in questions 1,2,3, or 4?
Yes ☐ No ☐ If yes, please give details.

_____

_____

_____

6) Are you receiving any ongoing treatment for injuries identified in questions 1, 2, 3 or 4?
Yes ☐ No ☐ NA ☐ If yes, please give details.

_____

_____

_____

7) Do you suffer from any medical condition (including physical, psychiatric/psychological) for which you are receiving treatment? Yes ☐ No ☐ If yes, please give details.

_____

_____

SWIAA VILLAGE
Quality Aged Care

84-88 Restwell Road, Bossley Park NSW 2176
T: (02) 9426 1400 **F:** (02) 8786 1567
E: admassist@swiaa.org www.swiaa.org
ABN 35 146 811 181

8) Do you have an impairment, disability or handicap of any type? Yes ☐ No ☐
if yes, please give details.

_____

_____

_____

9) Have you ever suffered from or had: (*please tick √ appropriate answer*)

Asthma/bronchitis/pleurisy	yes ☐	no ☐	Allergies	yes ☐	no ☐
Persistent cough/shortness of breath	yes ☐	no ☐	Hernias	yes ☐	no ☐
Tuberculosis	yes ☐	no ☐	Psychiatric/psychological	yes ☐	no ☐
Heart trouble/chest pain	yes ☐	no ☐	Severe anxiety/depression	yes ☐	no ☐
High or low blood pressure / dizzy spells	yes ☐	no ☐	Head injury	yes ☐	no ☐
Haemophilia/any blood disease	yes ☐	no ☐	Persistent headaches/migraines	yes ☐	no ☐
Epilepsy/fits	yes ☐	no ☐	Broken bones	yes ☐	no ☐
Diabetes	yes ☐	no ☐	Torn cartilages	yes ☐	no ☐
Arthritis/rheumatism	yes ☐	no ☐	Ear problems/hearing loss	yes ☐	no ☐
Tenosynovitis/carpal tunnel/RSI	yes ☐	no ☐	Any eyesight problems	yes ☐	no ☐
Sciatica	yes ☐	no ☐	Do you wear glasses/lenses	yes ☐	no ☐
Wrist or elbow pain/weakness	yes ☐	no ☐	Any other serious illness	yes ☐	no ☐
Scars/deformations which may restrict physical movement	yes ☐	no ☐	Are you using a mobility aid	yes ☐	no ☐
Skin trouble/dermatitis	yes ☐	no ☐	Kidney disorders/urinary tract infection	yes ☐	no ☐

If you answered 'yes' to any of the above provide further details below:

_____

_____

_____

10) Protection Against Specific Vaccination Preventable Infectious Diseases

In accordance with the NSW Health Policy PD 2007_006 "Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases", all new employees are to provide acceptable evidence of protection against the specified infectious diseases.

Applicants are advised that an offer of employment will not be made until acceptable evidence of protection against the specified infectious diseases has been provided

If you respond 'yes' to any of the following questions, you will need to support these responses with evidence. The specific evidence required is outlined in the section: "Evidence of Protection against Specified Infectious Diseases" Please refer to this section prior to answering as this may assist you.

If you responded 'no' to any of the following questions, you will be required to provide acceptable evidence prior to being made an offer of employment. Therefore, it is strongly recommenced that you attend an immunisation provider and have your vaccinations and/or immunity status upgraded to ensure you meet the required 'level of protection'.

SWIAA VILLAGE
Quality Aged Care

84-88 Restwell Road, Bossley Park NSW 2176
T: (02) 9426 1400 **F:** (02) 8786 1567
E: admassist@swiaa.org www.swiaa.org
ABN 35 146 811 181

Please tick (✓) your response to the following questions

a) Have you completed a vaccination course for?

Disease			
Hepatitis B	Yes ☐	No ☐	Unsure ☐
Measles	Yes ☐	No ☐	Unsure ☐
Varicella (Chicken Pox)	Yes ☐	No ☐	Unsure ☐
Mumps	Yes ☐	No ☐	Unsure ☐
Rubella (German Measles)	Yes ☐	No ☐	Unsure ☐

If you answered 'no to any of the above, did you do so because vaccination is contraindicated for you?

Yes ☐ No ☐

If you answered 'unsure', do you have any comments you would like to make?

_____

_____

_____

b) Have you during your adult life (that is 14 years of age or older) been vaccinated for?

Disease			
Diphtheria	Yes ☐	No ☐	Unsure ☐
Tetanus	Yes ☐	No ☐	Unsure ☐
Pertussis (Whooping cough)	Yes ☐	No ☐	Unsure ☐

If you answered 'no to any of the above, did you do so because vaccination is contraindicated for you?

Yes ☐ No ☐

If you answered 'unsure', do you have any comments you would like to make?

_____

_____

_____

c) Are you immune to the following diseases?

Disease			
Hepatitis B	Yes ☐	No ☐	Unsure ☐
Measles	Yes ☐	No ☐	Unsure ☐
Varicella (chicken Pox)	Yes ☐	No ☐	Unsure ☐
Mumps	Yes ☐	No ☐	Unsure ☐
Rubella (German Measles)	Yes ☐	No ☐	Unsure ☐

84-88 Restwell Road, Bossley Park NSW 2176
T: (02) 9426 1400 **F:** (02) 8786 1567
E: admassist@swiaa.org www.swiaa.org
ABN 35 146 811 181

If you answered 'no' to any of the above, did you do so because you have completed an entire vaccination course and did not acquire immunity as a result? Yes ☐ No ☐

If you answered 'unsure', do you have any comments you would like to make?

_____

_____

_____

d) Have you had Tuberculosis Skin Test (TST or Mantoux) assessment within the last 3 months?
Yes □ No □ Unsure □

If yes, were you referred for further investigation (eg: were you referred to a chest clinic, respiratory physician or for a Chest X-ray Yes □ No □

If no

Have you had a TST in the last 12 months?	Yes □	No □
Is TST or Mantoux testing contraindicated for you?	Yes □	No □
Have you had a Chest X-ray within the last 12 months?	Yes □	No □

If you answered 'unsure', do you have any comments you would like to make?

_____

_____

_____

11) I agree to the hospital obtaining medical information from my treating doctor/s Yes □ No □

Reminder:
If you responded 'yes' to any of the following questions, you will need to support these responses with evidence. The specific evidence required is outlined in the section "Evidence of Protection against Specified Infectious Diseases" Please refer to this section prior to answering as this may assist you

If you responded 'no' to any of the following questions, you will need to provide acceptable evidence prior to being made an offer of employment. Therefore, it is strongly recommended that you attend an immunisation provider and have your vaccinations and/or immunity status upgraded to ensure you meet the required 'level of protection'

DECLARATION
I understand that I may be required to undergo a medical and/or psychiatric assessment

Yes □ No □

I declare that to the best of my knowledge and belief, all the information I have provided is true and correct. I am aware that false or misleading statements may affect my appointment or continued employment

Signature …… **Date:** / /

THANK YOU FOR COMPLETING THIS FORM