

This form will be treated as confidential. Please read the form before completing it.

Position applied for: _____

If not applying for a specific position, please state the area you wish to work in:

Personal Details

Last Name: _____ First Name: _____

Preferred Name: _____ Previous Last Name _____

Address: _____

Suburb/Town: _____ State: _____ Postcode: _____

(Note: Any correspondence will be sent to the above address)

Telephone: Home _____ Mobile _____

Email address: _____

Languages spoken other than English: _____

Name of contact in the event of emergency: _____

Relationship: _____ Contact No. _____

Employment at RSL LifeCare

Have you applied for any positions here previously? Yes / No If yes, please give details:

Have you worked for RSL LifeCare previously? Yes / No If yes, please specify position and length of previous employment: _____

Do you have any restrictions on the type or scope of duties you may undertake? Yes / No

Please specify:

Is there any reason, health or otherwise, that you are aware of, that would preclude you from effectively fulfilling this role?

Do you have a criminal record? If yes, please outline the offence/s:

Please either complete this section or attach Resume and Qualifications:

Employment History

From – To	Employer’s Name	Position	Reason for Leaving

Education and Professional Information *Details of secondary education and tertiary qualifications*

Dates of Study	Educational Institution	Course	Standard Attained

References *Please list 2 business references who are previous direct reporting managers*

Name	Company, Role	Phone Number
1.		
2.		

Attachments *This information must be submitted before your application can be processed*

One of the following:

- A copy of your birth certificate; **or**
- Proof of permanent residency; **or**
- A copy of your passport; **or**
- Proof of citizenship

A copy of your visa (if applicable)

Trade Qualifications/Certifications

Nurses Registration Number: _____

If employed by RSL LifeCare, I agree to abide by the code of conduct, policies and procedures of RSL LifeCare, as amended from time to time.

I understand that completing this application form does not automatically guarantee employment with RSL LifeCare and all employment is subject to a probationary/qualifying period.

Signature: _____ **Date:** _____