APPLICATION FORM

POSITION APPLIED FOR		DATE	

APPLICANT DETAILS					
TITLE		DATE OF BIRTH			
FIRST NAME		LAST NAME			
ADDRESS				POST CODE	
MOBILE		COUNTRY OF BIRTH			
EMAIL		AHPRA REGISTRATION (IF APPLICABLE)		☐ YES ☐ NO	
NEXT OF KIN NAME		RELATIONSHIP TO YOU			
NOK MOBILE					
DO YOU HAVE A CURRENT DRIVER'S LICENSE?		☐ YES ☐ NO			
DO YOU HAVE A CURRENT POLICE CLEARANCE?		☐ YES ☐ NO		DATE OF ISSUE	
DO YOU HAVE A CURRENT NDIS CHECK?		☐ YES ☐ NO		DATE OF ISSUE	
ARE YOU AN AUSTRALIAN CITIZEN/PERMANENT RESIDENT?		☐ YES ☐ NO			
IF "NO" ARE YOU LEGALLY ENTITLED TO WORK IN AUSTRALIA?		☐ YES ☐ NO			
		VISA TYPE			
		EXPIRY			

QUALIFICATION (CERTIFICATES, DIPLOMAS, DEGREES AND INSTITUTIONS WHERE COMPLETED).
1.
2.
3.
4.

WORK EXPERIENCE			
ORGANISATION	FROM (DATE)	TO (DATE)	POSITION
1.			

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2.			
3.			

REFERNCE DETAILS (PLEASE LIST AT LEAST 1 PERSON FROM YOUR LAST PLACE OF EMPLOYMENT).			
NAME	POSITION	MOBILE	EMAIL

WORK AVAILABILITY	
PREFERRED COMMENCEMENT DATE	

PREFFERED DAYS AND SHIFT (Please tick the appropriate box based on your availability).
Please note that shifts/days preferences may not always be possible, but consideration will be given to such request.

MON	TUE	WED	THU	FRI	SAT	SUN
☐ AM	☐ AM	☐ AM	☐ AM	☐ AM	☐ AM	☐ AM
☐ PM	☐ PM	☐ PM	☐ PM	☐ PM	☐ PM	☐ PM
☐ NIGHT	☐ NIGHT	☐ NIGHT	☐ NIGHT	☐ NIGHT	☐ NIGHT	☐ NIGHT

HEALTH HISTORY	
DO YOU HAVE ANY HEALTH CONDITION THAT MAY AFFECT YOUR ABILITY TO PERFORM THE TASKS REQUIRED FOR THE JOB? (If yes, please provide details below.)	☐ YES ☐ NO

VACCINATION HISTORY		
HAVE YOU HAD AT LEAST 3 DOSES OF COVID VACCINE? (RECOMMENDED)	☐ YES ☐ NO	
	If yes, how many doses?	
HAVE YOU HAD AN INFLUENZA (FLU) VACCINE FOR THIS YEAR? (RECOMMENDED)	☐ YES ☐ NO	

I, the person completing this application, named below, hereby declare that the particulars in this form are true and correct. I also understand that any inaccurate statements made, or information withheld may result in the termination of my employment contract.

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NAME OF APPLICANT			
SIGNATURE		DATE	

Upon the completion of this form, please scan and send the application form via email to daigdig.carelineplus@gmail.com or upload to our website, together with your updated CV and cover letter.