

APPLICATION FOR EMPLOYMENT

Please complete and return this form with relevant supporting information attached in accordance with the 'Guidelines for Applicants'.

POSI	TION APPLIED FOR		
LOCA	ATION		
PERS	SONAL DETAILS		
Last N	ame	First and other name	es
Addres	SS		
		Postcode_	
Teleph	one Home ()	Work ()	
Email		Fax ()	
Mobile			
Healt	h Declaration (Pleas	se delete one)	
i)	I have read the statement of duties and confirm I do not have any health or medical condition that will prevent me from carrying out these duties.		
ii)	I have read the statement of duties and believe I can undertake the duties with consideration of reasonable adjustment in the areas of:		
Gene	ral Information		
Are you an Australian Citizen or permanent resident			Yes / No
If 'no',	do you hold a valid work լ	Yes / No	

APPLICATION DECLARATION

I understand and agree:

- a) The information and statements in this application are to the best of my knowledge and belief, true and accurate and that the making of a false statement or omission of relevant information may result in dismissal.
- b) I will provide documentary evidence of identification, qualifications and registration prior to commencement.
- c) It is my responsibility to obtain and provide documentary evidence of prior experience to gain recognition for award and salary purposes.



d) The terms and conditions of my employment will be in accordance with the Employment Contract, the relevant industrial award / agreement and the policies of the NSW Outback Division of General Practice (ODGP). That any discussion concerning patients, staff or confidential business of the NSW Outback e) Division of General Practice generally, with people not directly involved, is a serious betrayal of trust and may result in dismissal. f) That I will notify the General Manager within 14 days of my being charged or convicted of criminal offence. To a criminal record and working with children check being undertaken. g) Date _____ **Statistical Data** Please assist us to comply with statistical reporting requirements and to evaluate our recruitment strategies by providing the following information: **Equal Employment Opportunity**

Gender

Where did you see the advertisement for this position?

Are you an Aboriginal or Torres Strait Islander

Do you have a physical or mental disability

ODGP Website	
Internet (Please specify)	
Local Press	
Other (Please specify)	

Are you from a racial, ethnic or ethno-religious group which is a minority in Australia

Approved by	CEO, Corp Manager
Date	16/08/10
Version No.	4
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Previous version	3

Male / Female

Yes / No

Yes / No

Yes / No

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