



PLEASE READ
Once completed, please email or post the form back to us.
NOTE: Form not compatible with iMac and MacBook.

PERSONAL DETAILS

Title:	Surname:
First name:	Middle name(s):
Date of birth:	Male Female
Address:	Date of residence:
Suburb	Tel home:
State:	Tel work:
Postcode:	Tel mobile:
Tax File Number:	Email:
Next of kin name:	Next of kin tel home:
Relationship to you:	Next of kin tel mobile:

ELIGIBILITY FOR EMPLOYMENT

Do you hold an Australian passport? Yes No	
If you have answered no, please specify which visa you have:	
Visa expiry date:	Date of entry to AUS / NZ:
Evidence required of all passports and visas. Please enclose or send scanned copies or photocopies with this application and bring the originals to your first interview. All passports and visas will be verified as part of our recruitment procedure.	

EQUAL OPPORTUNITIES

Your World Healthcare has an Equal Opportunities policy which is available upon request. For the sole purpose of monitoring our policy, please indicate your ethnic origin:

SOURCE

Where did you hear about us? (Please specify where relevant).

Your World Healthcare website	Search engine:
Job board:	Journal/Magazine:
Exhibition:	Other (please specify):
Referral (please specify name):	

EMPLOYMENT REQUIREMENTS

Profession:	Grade:
Speciality:	Desired Locations:
Max. travelling time to employment:	Date available to work:
Do you have a registered ABN? (please tick) Yes No	
If yes, please provide your registered ABN:	
Are you registered with any professional bodies? Yes No	
If yes, please specify:	Registration number:

PROFESSIONAL QUALIFICATIONS

List all professional qualifications held and training courses undertaken, including Post Graduate Diploma/Courses etc. Professional qualifications and training will be verified. Continue on a separate sheet if necessary. Please provide scanned copies/photocopies of all certificates.

Qualification:	Place where obtained:	Date to/from:	Certificate attached?

PROFESSIONAL REFERENCES

Please give the names and contact details of 2 professional referees from your current and most recent employment, which must cover the last 5 years of employment/education. Referees must have worked in a senior position to yourself. Please be aware that Your World Healthcare are unable to offer you work until satisfactory references have been obtained, and that Your World Healthcare are required to obtain references for you on an annual basis. Please continue on a separate sheet if necessary.

Reference 1

Organisation:	
Job title:	Ward/Dept:
Grade/Band:	Dates Employed (Month/Year):
Referee name:	Professional title:
Email:	Telephone:
Capacity in which known (i.e. Manager):	
Can we contact prior to interview?	Yes No

Reference 2

Organisation:	
Job title:	Ward/Dept:
Grade/Band:	Dates Employed (Month/Year):
Referee name:	Professional title:
Email:	Telephone:
Capacity in which known (i.e. Manager):	
Can we contact prior to interview?	Yes No

DISABILITIES

Do you have a disability under the terms of the Disabilities Discrimination Act? Yes No

If yes, please describe:

If you have any disabilities, please let us know if we need to make adjustments when assisting you with your search for work.

BANK DETAILS

Name of Bank or Building Society:

Address of Bank or Building Society:

Name of Account Holder

BSB:

Account Number:

HEALTH CHECKS AND IMMUNISATIONS

Do you have verified copies of the following? (please tick)

Hepatitis B

Tuberculosis (BCG)

Varicella

Measles

Mumps

Rubella

Diphtheria, Tetanus, and Pertussis (DTP)

DECLARATION OF CRIMINAL CONVICTIONS

Do you have a criminal record? If yes, please describe in detail on a separate piece of paper. Yes No

Do you have an Australian federal police check? Yes No

Do you have a New Zealand police check? Yes No

DECLARATION OF CRIMINAL RECORD

I accept the terms and conditions of Your World Healthcare (Australia) Pty Ltd (which I have received).

I declare that the details given by me on this application form are correct to the best of my knowledge and belief. I understand that if I have given any information which is false, or I withhold any relevant information, this may lead to my application being rejected or if already appointed, to my dismissal.

I _____ have engaged Your World Healthcare to act on my behalf to source employment and authorise my resume and details to be presented to their clients.

Signature:

Print Name:

Date: