

Cobar Shire Council

LILLIANE BRADY VILLAGE

APPLICATION FOR EMPLOYMENT/REGISTERED NURSE AGED CARE EXPERIENCE

HR 3f

- *All information provided here will be treated in the strictest confidence*
- *If your application is unsuccessful, this form shall be kept for a period not exceeding six (6) months and then destroyed.*
- *All supporting documentation must be provided before this application will be assessed.*
- *If offered employment, this form will become the basis of your personnel file.*

Please complete this form as accurately and neatly as possible.

POSITION APPLIED FOR: _____ Permanent/Part time/ Temporary

NAME: _____

ADDRESS: _____

CONTACTS: HOME PHONE _____ MOBILE _____

EMAIL ADDRESS: _____

DRIVERS LICENCE: YES/NO CLASS _____

EDUCATIONAL QUALIFICATIONS.

Please attach a full copy of academic transcripts for any recent senior school studies and/or University/College studies completed or currently being undertaken.

Please provide a summary of your educational background.

(A) SECONDARY EDUCATION

YEARS	NAME OF SCHOOL	CERTIFICATE AWARDED

(B) TERTIARY EDUCATION

YEARS	NAME OF INSTITUTION	DEGREE/DIPLOMA/ CERTIFICATE AWARDED

AHPRA Nurses Registration number	
Practising Certificate anniversary date	

(C) OTHER QUALIFICATIONS

Please attach a copy of certificates or statements for membership of any professional associations, short and/or non-accredited courses which you have completed and are relevant to the position for which you are applying.

Please provide a summary of these other qualifications.

<i>DATES</i>	<i>SUBJECT/COURSE</i>	<i>ORGANISATION CONDUCTING COURSE</i>	<i>CERTIFICATE AWARDED</i>

(D) PROFESSIONAL ASSOCIATIONS

<i>NAME OF PROFESSIONAL BODY</i>	<i>GRADE OF MEMBERSHIP</i>	<i>DATE OF APPOINTMENT</i>

PREVIOUS EMPLOYMENT.

Please provide a summary of your full employment background.

<i>EMPLOYER</i>	<i>POSITION</i>	<i>PERIOD HELD</i>	<i>MAIN DUTIES & RESPONSIBILITIES</i>
1)			
2)			
3)			
4)			

REFEREES.

Please list names and contact numbers of three (3) work referees.

SELECTION CRITERIA.

The position for which you have applied for requires qualifications and/or experience which are considered essential and desirable in performing the duties of this position.

Please address all elements of the essential and desirable criteria as fully as possible.

IMPORTANT: To be eligible for this position, all applicants must satisfy all elements of the Essential Criteria and address the Desirable Criteria as listed below. *Applicants who do not satisfy the essential criteria, or do not complete this application form will not be considered for this position.*

ESSENTIAL CRITERIA:

1. Current certification with the Australian Health Practitioner Regulation Agency

2. Minimum of five years post graduate experience

3. Previous experience in Aged Care

4. Demonstrated currency of Clinical Practice relevant to Aged Care

5. Demonstrated understanding of the Aged Care Quality Standards and Accreditation requirements

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7. Demonstrated teamwork, leadership and communication skills

8. Demonstrated ability to achieve outcomes for residents

9. Demonstrated understanding of ACFI documentation for residents.

10. Demonstrated ability to prioritise tasks and ability to time manage

11. Willingness to participate in WH&S and Continuous Improvement Management System

12. Commitment to ongoing education relevant to role

13. Demonstrated ability to maintain confidentiality.

DESIRABLE CRITERIA

1. Previous experience in senior Registered Nurse position in Aged Care

2. Use of MANAD or similar Aged Care Planning and Assessment specific software program

I certify that all answers and statements on this application form and any attachments thereto are true and complete to the best of my knowledge.

I certify that all medical particulars will be provided to Council by way of a pre-employment medical should my application be successful.

I understand that should I provide untruthful or misleading information, this application may be rejected or my employment with the Cobar Shire Council subsequently terminated.

Signed: _____ Date: _____

Please place in a sealed envelope marked "Confidential – Permanent Part-Time Registered Nurse" and forward your application to:

The General Manager
Cobar Shire Council
Po Box 223
COBAR NSW 2835

Telephone:(02) 6836 5888

Facsimile:(02) 6836 5889

Thank you for applying for this position.