



**Pre-Employment Application**

**Applicant details**

Full name:.....

Previous name (if applicable):.....

Postal address:.....

Email: .....

Contact Numbers (home)..... (Mobile).....

Drivers Licence Number..... Use of vehicle: Yes  No

**Professional referees**

Please provide the names and contact numbers of three professional referees who held positions senior to yours including your last and current employer.

**Referee 1** Name:.....

Organisation and Position:.....

Contact Number: .....

**Referee 2** Name:.....

Organisation and Position:.....

Contact Number:.....

**Referee 3** Name:.....

Organisation and Position:.....

Contact Number:.....

**Police Check**

The preferred applicant may be required to undergo a Police Check and if so an offer of employment will be subject to the outcome.

**Illness/injury**

Are you aware of any pre-existing injuries or illnesses or other circumstances that would prevent you from undertaking the inherent requirements of this position.

No

Yes  - Please describe below

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**Privacy disclosure**

As in accordance with the Privacy Act all information provided by the Applicant and any consented information obtained by Rural Northwest Health relating to the Applicant's application will be held confidentially and shall be permitted for use only by authorised staff of Rural Northwest Health within the context of determining suitability for the advertised position. Any information the Applicant has provided will be held by Rural Northwest Health for a period of up to 12 months. It will remain confidential and will not be disclosed without the Applicant's prior written consent. At the end of the twelve month period it shall be treated as a confidential document and disposed of accordingly.

**Applicant's consent'**

I, the Applicant (Full name of applicant) .....hereby consent to the following:

I authorised Rural Northwest Health to obtain relevant information from the referees I have nominated in this application.

I authorise Rural Northwest Health to seek confirmation of the information I have provided in this application from any providers of education from which my stated qualifications have been awarded.

I understand and accept that any information provided by myself or obtained with my consent by Rural Northwest Health will be dealt with as set out in the above Privacy Disclosure.

I understand and accept that I may be subject to a police check for the purpose of determining my suitability for the offered position.

I declare all information I have provided to support this Application is true and correct. If for whatever reason the information supplied changes I will immediately notify Rural Northwest Health

Full Name: .....

Signature: .....

Date: .....