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APPLICATION FOR GRADUATE NURSE PROGRAM

Send your application to:
Graduate Nurse Program
Human Resources
31 Alma Road
St Kilda Vic 3182

First Name: _____

Surname: _____

Address: _____

Suburb/Town: _____

Postcode: _____

Telephone: _____ Home _____ Mobile _____

Email address: _____

University: _____

Completing Degree: _____ (month, year)

Site Preference: 1. _____ (Please see enclosed map or visit
2. _____ www.rdns.com.au for site locations)
3. _____

Have you applied through PMCV Graduate Nurse Computer Match? Yes No

Please ensure the following are attached to your application:

- Letter of application (1 page maximum) Two recent clinical assessments
- Concise resume, including 2nd & 3rd year placements Certified transcripts of results to date
- Names and contact numbers of two nursing referees

Have you worked for RDNS previously? Yes No

If yes, where? _____ Position: _____ Which year did you leave? _____

Have you undertaken a clinical placement with RDNS during your studies? Yes No

If yes, where? _____ When (month, year)? _____

Do you speak another language in addition to English? Yes No

If yes, please specify: _____

At what level do you speak the above:

- Minimum Comprehension/Expression Yes No
- Satisfactory Comprehension/Expression Yes No
- Expert in Comprehension/Expression Yes No

Would you be willing to use your language skill in practice? Yes No

AUSTRALIAN CITIZEN/RESIDENT

Are you an Australian or NZ citizen or permanent resident? Yes No

If no, do you hold a valid work permit? Yes No

HUMAN RESOURCES USE ONLY

Entered on spreadsheet Shortlisted Yes No

Interview date _____ Time _____

Unsuccessful Successful (dependant upon reference checks)

Applicant advised by: _____ Date _____

Comments _____

OCCUPATIONAL HEALTH AND SAFETY

According to the Accident Compensation Act 1985 (VIC) as amended, an employee's entitlement to compensation for any recurrence, aggravation, acceleration, exacerbation or deterioration of a pre-existing injury or disease may be forfeited if the employee fails to make a disclosure or provides false or misleading information regarding pre-existing injuries and/or diseases.

According to relevant employee awards and agreements, an employee's entitlement to accident make-up pay may be forfeited if the employee provides false or inaccurate information being deliberately and knowingly declared in relation to compensation claims made in the previous 5 years.

In order to retain the entitlements to compensation and accident pay, we ask you to provide details of any pre-existing injuries and/or diseases which might adversely affect your capacity to carry out your employment, now or in the future, as detailed in the "Position Description" and "Statement of Physical Aspects of Employment" provided by Royal District Nursing Service.

Do you have any pre-existing injuries and/or diseases Yes No
If yes, please complete the table below:

Date of Injury/Disease	Nature of Injury/Disease	Name of employer	Date of Workcover Claim	Period of Incapacity

Are there any other circumstances, health impairments or medications that you are taking that might adversely affect your capacity to carry out employment? Yes No

If yes, please specify: _____

Please note that an offer of employment may be dependant upon a statement from a medical practitioner confirming your fitness for duties.

DECLARATION

I confirm that the information given on this form is, to the best of my knowledge, true and complete. I acknowledge that any false statement may be sufficient cause for rejection or, if employed, summary dismissal.

I understand that all intellectual property rights created by me (whether alone or jointly) as a result of my employment/consultancy with the Royal District Nursing Service shall belong to the Royal District Nursing Service. In this context, "intellectual property rights" means all intellectual property of whatever nature including patents, designs, trade marks and applications for any of the foregoing, copyrights, drawings, know-how, technology and expertise. If required by the Royal District Nursing Service I will execute appropriate documentation acknowledging ownership by the Royal District Nursing Service and waiving any claim to proprietorship.

I have been advised that if appointed to a position with RDNS that a probationary period of 3 months will apply.

I understand that Police checks will be conducted for all new staff in accordance with the recommended processes of the Department of Human Services. On-going employment is dependent upon a satisfactory outcome to the Police check, determined if necessary by the Chief Executive Officer. All information will be handled in the strictest confidence.

Signature: _____

Date: _____