

Thank you for your interest in Uniting Church Homes.
Please complete all sections of this form and print clearly in blue or black pen.
Before applying for a position with UCH please refer to the "Information for Job Applicants" booklet for UCH Recruitment procedures.

1. Position Details

Position Title:	Facility/Location
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual <input type="checkbox"/> Temporary <input type="checkbox"/> Any	
Hours/Time available per week: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
Times: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Night	

2. Personal Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other _____					
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male			Date of Birth (Optional) / /		
Surname						
Given names						
Postal Address						
Mobile Number						
Home Phone						
Work Phone						
Email Address						

3. Place of Birth - Citizenship

What is your country of birth?		
Is English your first language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you an Australian citizen?	<input type="checkbox"/> Yes (go to section 4)	<input type="checkbox"/> No
If "NO" where do you hold citizenship?		
If "NO" do you have "permanent" Australian residency status?	<input type="checkbox"/> Yes (go to section 4)	<input type="checkbox"/> No
Please provide details of your visa (You will be asked to provide a copy of your visa)	<input type="checkbox"/> Holiday <input type="checkbox"/> Student <input type="checkbox"/> 457 <input type="checkbox"/> Other _____ Date Expires _____	
Does your visa place any work restrictions on you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Details Restriction Hours _____	

6. Referees

Please provide details of **two** referees. Your nominated referees will need to have recently supervised you in a working environment and where possible provide information relevant to the type of role for which you have applied. By completing this section you are giving permission for UCH to contact your nominated referees to provide information relevant to your application. Ideally you should provide referees from your current or most recent employment.

Referee Name & Position	Organisation & working relationship with you	Telephone Contact Details
		Email Contact Details
Referee Name & Position	Organisation & working relationship with you	Telephone Contact Details
		Email Contact Details

7. Health

To the best of your knowledge and belief, are you of sound health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "No" please give details		

8. Worker's Compensation Claims

<p>A previous Workers' Compensation claim is not a barrier to the consideration of an application for employment. This information assists us to assess opportunities for your placement in appropriate employment.</p>		
<p>Have you ever made a claim for Workers' Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>If "yes" please give details:</p>		

9. Police Clearance

Employment is subject to a satisfactory Police Clearance as required under the Aged Care Act 1997.

A criminal record does **not** necessarily disqualify an applicant. If rejection of your application is considered solely because of a criminal record, you will be given the opportunity to discuss the matter fully and confidentially with a senior member of staff before a decision is made.

Do you have any convictions for any offences from any court or are you currently the subject of any charge pending before any court? Yes No

Are you prepared to produce a Criminal Clearance Certificate before accepting an offer of employment with UCH? Yes No

10. Market Research

Indicate your current/ or last employment sector:	
Have you talked to a recruitment officer in regards to a career with UCH?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you seen UCH recruitment advertisements? If yes, where?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Local Newspaper <input type="checkbox"/> The West Australian <input type="checkbox"/> Seek.com <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other _____
Have you ever seen or attended a UCH career display/expo. If "yes" where?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Of the following areas, which one best describes why you are pursuing a role with UCH as a career?	<input type="checkbox"/> Aged Care <input type="checkbox"/> New Challenge <input type="checkbox"/> Job security <input type="checkbox"/> Diversity of work <input type="checkbox"/> Salary/conditions <input type="checkbox"/> Not for profit <input type="checkbox"/> Other Details: _____

11. Declaration

I declare that the statements I have made and the information I have given are true to the best of my knowledge and belief. I have not withheld any relevant information required by this application, or made any false or misleading representation. I acknowledge that if I have knowingly or wilfully given false or misleading information or have withheld any information, it could result in 1) rejection of my application 2) legal proceedings against me; or 3) dismissal after appointment.

I understand that appointment to UCH is conditional upon production of proof of identify, proof of residency status and a current satisfactory national police clearance.

Signature: _____ Date: _____

Thank you for taking the time to complete this application

Pre-Employment Health Questionnaire

Please continue with the completion of this questionnaire. The general questions cover the physical demands involved in the full range of potential positions offered within Uniting Church Homes. The assessment serves as part of the comprehensive risk and recruitment strategies used by Uniting Church Homes to reduce risk to employees, co-workers, residents and clients, and is by no means a standalone measure used to determine suitability for the position(s) applied for.

Applicant to complete all sections of this form (Please tick ✓)

Are you being treated by any doctor for any illness or injury (work related or otherwise), or required time off work recently? YES NO

If Yes Please Explain

Have you had any surgery or been hospitalised for any illness or injury (within last 5 years)? YES NO

If Yes Please Explain

Are you taking any medications for a medical condition? YES NO

If Yes Please Explain

Do you have a current Workers' Compensation claim? YES NO

If Yes Please Explain

Have you had a Workers' Compensation claim in the past or a work related injury or illness? YES NO

If Yes Please Explain including Date

Do you or have you ever had back, neck or shoulder problems? YES NO

If Yes Please Explain

Have you ever had an injury from a motor vehicle accident YES NO

If Yes Please Explain

Please tick (✓) in the box beside any condition/s that you have now or have had at any time in your life?

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Alcohol or Drug problems | <input type="checkbox"/> Allergies | <input type="checkbox"/> Arthritis/Rheumatism | <input type="checkbox"/> Bleeding/blood disorders |
| <input type="checkbox"/> Carpel tunnel syndrome | <input type="checkbox"/> Depression/anxiety | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Immune suppression | <input type="checkbox"/> Joint problems/fractures |
| <input type="checkbox"/> Loss of hearing | <input type="checkbox"/> Psychological disorders | <input type="checkbox"/> Persistent Headaches/migraines | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Visual impairments | <input type="checkbox"/> Skin disorders/dermatitis | <input type="checkbox"/> Transmissible disease eg Hep B | <input type="checkbox"/> Repetitive strain/overuse injury |

Any other illness/conditions not listed on previous page:
Describe: _____

Please comment on all those you have ticked on previous page

Please tick (✓) in the box beside each activity with which you have difficulty

- | | | |
|---|---|--|
| <input type="checkbox"/> Walking 100 metres | <input type="checkbox"/> Standing for two hours | <input type="checkbox"/> Gripping firmly with both hands |
| <input type="checkbox"/> Hearing a normal conversation | <input type="checkbox"/> Crouching | <input type="checkbox"/> Climbing a ladder |
| <input type="checkbox"/> Lifting or bending | <input type="checkbox"/> Using hand tools | <input type="checkbox"/> Walking on rough ground |
| <input type="checkbox"/> Repetitive movement of the hands or arms | <input type="checkbox"/> Kneeling | <input type="checkbox"/> Sitting for two hours |

Please comment on all those you have ticked above

Have you had any exposure to the following in your past jobs

Loud noise/explosives/gunfire YES NO

If Yes Please Explain - When & where?

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Traumatic work event YES NO

If Yes Please Explain - When & where?

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Important Notice

Please note that under Section 79 of the Workers' Compensation and Rehabilitation Act, wilful and false representation regarding a previous disability may preclude the payment of future compensation.

Declaration For Medical Questionnaire

I declare that the answers to all questions are correct and that I have not withheld any information regarding my past or present health. I accept that if I am employed and it is subsequently found that I have wilfully misstated any significant information herein, I will be liable to dismissal.

I give my permission to the Employee Services Department or a medical practitioner nominated by the Uniting Church Homes to seek and obtain any other relevant information from any available source which may be required to assess my past and present health status.

Applicant's Signature

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Date

/ /

Print Full Name: _____

NOTE: Completion of all sections must be confirmed prior to submission of your application form. Incomplete forms will not be considered for vacancies advertised or otherwise.