



BESTWEST CARE

Application for Employment

Unit 8 / 40 Meares Ave, Kwinana, WA 6167
Or PO Box 258 Kwinana WA 6966
Telephone 08 9439 1673

Position Applied For

PERSONAL DETAILS

Surname First Names

Address.....
.....

Phone Number Mobile number

Email Address

RN / EN Registration Number

Are you an Australian Resident Yes No

If not please provide evidence of VISA / Passport and attach to your application

EMPLOYMENT HISTORY

Employer	Position Held	From - To	Reasons for leaving

QUALIFICATIONS

Please note a copy of the original certificate / report is required. Failure to provide a copy of the certificate / report will result in this qualification not being recognised

Qualification	Evidence provided
	Yes / No
	Yes / No
	Yes / No
	Yes / No

QUESTIONNAIRE

Bestwest Care collects this information to assess your capabilities, sight documentation, and allows us to answer any questions you may have.

Have you completed HLTHPS006 Assist clients with medications?	Yes / No
Have you fed residents with swallowing difficulties?	Yes / No
Do you have a certificate in dysphagia?	Yes / No
Have you completed any other relevant training? Please state below and circle if certificates of completion are available	
Training	Certificate
.....	Yes / No
.....	Yes / No
.....	Yes / No

REFEREES

Name	Position and Employer	Contact Phone No

CONVICTIONS

You are required to provide a current Police Certificate (no older than 1 year) if you are successful in gaining employment with Bestwest Care.

Do you have any current convictions for any offences from any court or are you subject to any pending charges before any court?

YES / NO

Do you allow Bestwest Care to make this available to facilities on request?

YES / NO

Please note that a criminal record doesn't necessarily disqualify you from obtaining a position. You will be given an opportunity to discuss any matter prior to any decision being made.

DRUGS & ALCOHOL

Should it be determined that any Bestwest Care staff member is under the influence of Alcohol or a prohibitive substance whilst performing their duties in any capacity it will result in instant dismissal

IMPORTANT INFORMATION

The purpose of this assessment is to ensure that an applicant is physically fit and safe to perform the proposed duties for the course work required.

Please indicate Yes or NO to every questions. If you give a positive response, please provide full details in the space provided. A full and detailed explanation will reduce the likelihood of further interviews or a employment medical being required.

Please ensure that the declaration is signed at the completion of this questionnaire

Please circle Yes or No for the following questions			
High blood pressure or heart disease?	Yes / No	Back, neck or spinal injury?	Yes / No
Frequent or persistent headaches ?	Yes / No	Whiplash injury?	Yes / No
Food allergies, contact skin allergies?	Yes / No	Shoulder / elbow / wrist injury?	Yes / No
Problems with hearing?	Yes / No	Sciatica / slipped disc?	Yes / No
Problems with eyes / vision?	Yes / No	Persistent backache?	Yes / No
Tuberculosis?	Yes / No	Arthritis / rheumatism?	Yes / No
Diabetes?	Yes / No	Hip / knee / ankle injury?	Yes / No
Asthma, bronchitis, wheeze or other lung disease?	Yes / No	RSI / Occupational overuse syndrome?	Yes / No
Other joint injury / stiffness / pain?	Yes / No	Mental health / psychiatric conditions?	Yes / No
Drug, alcohol and substance abuse issues?	Yes / No		

Do you have any other health conditions which may affect your ability to perform your role?

Yes

No

Details:

.....

Please circle Yes or No for the following questions

Have you ever been injured at work, suffered from a work related illness or submitted a Workers Compensation or Motor Vehicle Insurance Trust (MVIT) Claim?	Yes / No
Have you ever been discharged from or resigned from a job for medical reasons?	Yes / No
Have you had an application for Superannuation, Life Insurance or similar rejected on medical grounds?	Yes / No
Are you currently receiving treatment from a medical practitioner?	Yes / No
Have you had an operation / hospital treatment in the past 24 months?	Yes / No
Are you taking regular medication? If so please outline below -	Yes / No

IMMUNISATION DETAILS

Have you been immunised against the following:	
Tuberculosis? A. Mantoux Test	Yes / No
B. BCG Vaccination	Yes / No
Diphtheria / Tetanus	Yes / No
Hepatitis B	Yes / No
Rubella (German Measles)	Yes / No
Chicken Pox	Yes / No
Influenza Vaccination	Yes / No

Section 79 Workers Compensation Board and Assistance Act 1981

Where it is proven that the workers has, at the time of seeking or entering employment in respect of which he claims compensation for a disability, wilfully and falsely represented him / herself as not having suffered from the disability the board may in its discretion refuse to award compensation which otherwise would be payable

DECLARATION

I declare that the answers to all questions are true and correct and that I have not withheld any information regarding my past or present health, which may impact on my ability to perform my role.

Signature of Applicant Date

Please ensure copies of all relevant certificates, and required copies of driver's licence, passports etc are either attached to this application or brought with you to your interview