



Bestwest Care

APPLICATION FOR EMPLOYMENT CAREWORKERS & NURSES

Unit 8, Kwinana Trade & Commercial Centre,
46 Meares Ave, Kwinana, WA 6167
Or PO Box 258 Kwinana WA 6966
Telephone 08 9439 1673
Fax 08 9439 3200

Position Applied For

Date Available for employment

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 proof type of visa.....Expiry date.....

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.

1	<p>Have you been doing medications in your current workplace? Yes / No</p> <p>Have you completed CHCCS305A Assist clients with medications? Yes / No</p>								
2	<p>Have you fed residents with swallowing difficulties? Yes / No</p> <p>Do you have a certificate in dysphagia?</p>								
3	<p>Have you used I Care System? (Or Similar) computerised record system?</p>								
4	<p>Have you completed any other relevant training? Please state below and circle if certificates of completion are available</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 65%;">Training</td> <td style="width: 35%;">Certificate</td> </tr> <tr> <td>.....</td> <td>Yes / No</td> </tr> <tr> <td>.....</td> <td>Yes / No</td> </tr> <tr> <td>.....</td> <td>Yes / No</td> </tr> </table>	Training	Certificate	Yes / No	Yes / No	Yes / No
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

WORKERS COMPENSATION

Have you made a workers compensation claim in any prior position? Yes / No

If Yes, please give details.
.....

Have you received a final medical clearance to return to work? Yes / No

Do you have any ongoing medical issues which may impact on the tasks which you can perform?

Yes / No.

If yes, please give details
.....

Please note that a previous workers compensation claim does not prevent you from gaining employment with Bestwest Care but the following applies.

Where it is proven that the worker has, at the time of seeking or entering employment in respect of which he claims compensation for a disability, wilfully and falsely represents him/herself as not having suffered from the disability the board may at its discretion refuse to award compensation which otherwise would be payable. (Section 79, Workers Compensation Board and Assistance Act 1981)

I declare that the above statements are true in all respects. I acknowledge that any statement which is found to be false or deliberately misleading will make me, if employed, liable for dismissal.

Signature Date

Print Name



Bestwest Care PRE-EMPLOYMENT HEALTH RISK ASSESSMENT

Strictly Private and Confidential

Surname..... First Names:

IMPORTANT INFORMATION

The purpose of this assessment is to ensure that a job applicant is physically fit and safe to perform the proposed duties for the position employed.

Please indicate Yes or No to every question. 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 interview or full pre-employment medical being required.

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

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
Allergies, hay fever or sinus problems?	Yes / No	Sciatica / slipped disc?	Yes / No
Any problems with your ears or hearing?	Yes / No	Persistent backache?	Yes / No
Any problems with your eyes/vision?	Yes / No	Arthritis / rheumatism?	Yes / No
Tuberculosis?	Yes / No	Hip / knee / ankle injury?	Yes / No
Diabetes	Yes / No	Shoulder / elbow / wrist injury?	Yes / No
Asthma, bronchitis, wheeze or other lung disease?	Yes / No	Other joint injury / stiffness / pain?	Yes / No
		RSI / occupational overuse syndrome?	Yes / No

Other health conditions which may affect your ability to perform your role?

YES

NO

Details:.....
.....

MRSA (Methicillin-resistant Staphylococcaa aureus)

Have you worked or been admitted to a hospital outside of Western Australia in the last 12 months.

YES

NO



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 ever had an operation/hospital treatment?	Yes / No
Have you ever had x-rays in the past and for what reason?	Yes / No
Are you taking regular medication?	Yes / No
Details:	
.....	
.....	
.....	

**Strictly Private and Confidential
Pre-Employment Health Risk Assessment**

Section 79 Workers Compensation Board and Assistance Act 1981
 Where it is proven that the worker 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. I accept that if I am employed and it is subsequently found that I have wilfully misstated any significant information within any components of my application, I will be liable for dismissal.

Signature of Applicant..... Date.....

Application for Employment-Care worker	Version 4
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