

Leading the way in health care

APPLICATION FORM - PAGE 1

PERSONAL INFORMATION:

First Name: _____

Last Name: _____

Street Address: _____

City, State, Postcode: _____

Phone Number: _____

Are you eligible to work in Australia? Yes No
Are you eligible for a Blue card (Police check) Yes No
If no, please explain: _____

POSITION OF INTEREST:

Position applied for: _____

What hours are you after? (Please tick) Fulltime Part-time Casual

If part-time, how many hours per week are you interested in? _____

What date are you available to start work, if successful? _____

EDUCATION:

Name and Address of School- Degree/ Diploma- Graduation date/ Certificate:

Skills and Qualifications: Licenses, Skills, Training, Awards:

NURSING STAFF ONLY:

Please tick appropriate:

Registered Nurse Endorsed Enrolled Nurse Enrolled Nurse
 Assistant in Nursing

Are your Registered/ Enrolled with Queensland Nursing Council? Yes No

If not, are you eligible under mutual recognition act between states?
 Yes No

St Andrew's HOSPITAL - TOOWOOMBA

280 North Street, Toowoomba, Qld 4350 Telephone: (07) 4631 4666 Facsimile: (07) 4633 4059



JOB APPLICATION FORM

Leading the way in health care

APPLICATION FORM - PAGE 2

NURSING STAFF CONTINUED:

Please tick area of nursing experience/
interest:

- | | |
|---|---|
| <input type="checkbox"/> Medical/ Palliative care | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Orthopaedic surgical | <input type="checkbox"/> General surgical |
| <input type="checkbox"/> Intensive care unit | <input type="checkbox"/> Operating theatres |
| <input type="checkbox"/> Medical Oncology | <input type="checkbox"/> Endoscopy |
| <input type="checkbox"/> Day Hospital | <input type="checkbox"/> Education/Managmnt |

EMPLOYMENT HISTORY:

Present or last position:

Employer: _____

Address: _____

Supervisor: _____

Your position title: _____

Reason for leaving: _____

Previous position:

Employer: _____

Address: _____

Supervisor: _____

Your position title: _____

Reason for leaving: _____

May we contact your present (or last) employer? Yes No

References:

Name/Title Address Phone (Please provide 2)

1. _____

2. _____

Please briefly describe why you are interested in working at St Andrew's:

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any time in the future if I am employed. I authorise the verification of any or all information listed above.

Signature: _____

Date: _____

Please forward application form, along with a copy of current Curriculum Vitae (Resume) to:
Director of Clinical Services, PO Box 263, Toowoomba, Queensland, 4350. Fax: (07) 46349117
Email: brownf@sath.org.au

St Andrew's HOSPITAL - TOOWOOMBA

280 North Street, Toowoomba, Qld 4350 Telephone: (07) 4631 4666 Facsimile: (07) 4633 4059



JOB APPLICATION FORM