

Office Use Only	ID No.	Uniform	Deposit YES/NO
Date			
Position applying for (RN / EN / AIN / RCO / OTHER)			
YEAR / LEVEL			

Personal Details	
Title (Mr. / Miss. / Ms. / Mrs.)	
First Name	
Middle Name	
Surname (Last Name)	
Date of Birth (dd/mm/year)	
Street Address	
Suburb	
State	
Post Code	
Daytime Phone	
Mobile Phone	
Email Address	
Country of Birth	
Passport Number	
Are you an Australian Citizen?	
Visa Number (if applicable)	
Expiry	
Language/s Spoken	
Do you have a current driver's license?	
Do you have a motor vehicle?	
Country / State License issued in	
License Number	
Australian Tax File Number	
Next of Kin	
Contact Number	
Address	

Work Availability (please indicate with YES or NO)				Office Use Only	
	AM	PM	ND	Bank Details	Phone List
Monday				BSB	Availability
Tuesday				Acct. No.	TFN
Wednesday				Acct. Name	Immigration Check
Thursday				Super	Ref Check
Friday				Fund	Police Clearance
Saturday				Fund Name	Photography Consent
Sunday				Acct. No.	

Degrees and/or Certificates (Education) *(Please provide copy of Registration, Certificate & current Authority to Practice)*

Registered Nurse		Reg. Number		Reg. Expiry	
Enrolled Nurse		Reg. Number		Reg. Expiry	
Assistant Nurse		Certificate III		Date Obtained	

Degrees and/or Certificates (Education)

1.		Date Obtained	
2.		Date Obtained	
3.		Date Obtained	

Work Experience (Past 4 years)

Dates	Place	Referee	Contact Number

QMNS has a duty of care to provide a safe environment to staff, clients and care recipients and therefore requires you to submit a current POLICE CLEARANCE. The original certificate must be submitted for QMNS to photocopy.

Police Clearance Provided		Expiry Date	
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Banking Details

Superannuation

Bank		Name of Fund	
Branch		Fund Address	
BSB Number			
Account Name		Account Name	
Account Number		Membership Number	

Medical Questionnaire

Note: Requirement of Worker to Disclose Pre-existing Injuries

QMNS is dedicated to providing a safe working environment for all its employees. To achieve this, it is QMNS' objective to ensure that none of its employees are required to perform work in duties that they are not able to perform safely.

Please read this document carefully and discuss any concerns you may have prior to formally applying for a position at QMNS.

The nature of your proposed employment is as follows: Normal nursing duties as covered by the respective union award. It is **your responsibility, as an employee**, that any lifting work required is carried out strictly in accordance with the A.N.F. "Non-Lifting" policy.

Pursuant to the relevant sections of the Workplace Injury Management And Workers Compensation Act 1998 and the Workers Compensation Act 1987, you are required to disclose to your employer any pre-existing injury or disease that you have suffered of which you are aware and could reasonably be expected to foresee which could be affected by the nature of the proposed employment referred to above.

QMNS advise that a failure to make a full disclosure, or the making of a false or misleading disclosure, would deny you compensation pursuant to the legislation, should you suffer any recurrence, aggravation, acceleration, exacerbation or deterioration of your pre-existing injury or disease arising out of or in the course of or due to the nature of employment.

QMNS will rely upon any failure to disclose as grounds for denying compensation in accordance with the provisions of the Workplace Injury Management And Workers Compensation Act 1998 and the Workers Compensation Act 1987.

Please disclose in the space provided below, any pre-existing injuries or diseases that you may have suffered, which could be affected by the nature of your proposed employment.

1. Have you had any previous work related injury?

If "Yes", please list details of any work related injury and any workers compensation claims related to those injuries

Date of Injury		Nature of Injury	
Medical Treatment		Employer	
		Insurer	

Date of Injury		Nature of Injury	
Medical Treatment		Employer	
		Insurer	

Date of Injury		Nature of Injury	
Medical Treatment		Employer	
		Insurer	

2. Have you been involved in any motor vehicle accidents resulting in personal injury?

If "Yes", please list details of any work related injury and any workers compensation claims related to those injuries

Date of Injury		Nature of Injury	
Medical Treatment		Employer	
		Insurer	

Date of Injury		Nature of Injury	
Medical Treatment		Employer	
		Insurer	

Date of Injury		Nature of Injury	
Medical Treatment		Employer	
		Insurer	

3. Have you suffered from the following? If so, please provide details.

Back Pain		Details:
Back Strain Injury		Details:
Shoulder or Arm Strain		Details:
Neck Strain		Details:

4. Do you have a full medical clearance for injuries referred to in questions 1, 2, and 3 above? If "Yes", please provide a copy.

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5. Are you receiving ongoing treatment for injuries referred in 1,2,3, above?

<i>If "Yes", please give details:</i>	

Applicants statement (please read carefully)

I, _____ (name), understand and agree that:

1. All the statements in this application are correct to my knowledge and that the making of a false statement may lead to the rejection of my application or termination of my employment.
2. I am required to produce, before work is allocated, documentary evidence or proof of identity, educational attainments and current professional registration / enrolment.
3. It is my responsibility to obtain documentary evidence of all my previous service to qualify for the relevant grade salary.
4. Any discussion of disclosures of records or information concerning patients, clients, staff or the business of QMNS is serious, is a betrayal of trust, and could mean instant dismissal.
5. It is a condition of employment to wear the QMNS uniform and my identification badge while on duty.
6. If employed, and it is subsequently shown that I have a relevant criminal record or Prohibited person check, I may be instantly dismissed.
7. My appointment is subject to a successful probationary period.

Signature: _____ Date: _____

**Note: For naturalized Australian citizen, please provide a copy of your citizenship.
For foreigners allowed to work in Australia, please provide a copy of your passport showing the stamped visa, and complete a DIMA form (Authority to Obtain Details of Work Right Status).**

Photography Consent Form

I, (name) _____ of (address) _____

_____, hereby (please circle one) do / do not grant permission to Quality Medical Nursing Services, its employees or representatives, to take and use: photographs, videotape and/or digital images of me for use in promotional or educational materials. These materials might include printed or electronic publications, websites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of Quality Medical Nursing Services.

Signature: _____ Date: _____

Police Clearance CHECK

To Whom It May Concern,

I, (name) _____ of (address) _____

_____, hereby authorise Apps Recruitment Agency Pty Ltd, trading as Quality Medical Nursing Services (QMNS) to give a copy of my Police Clearance if requested to any Health or Aged care facility that I have been allocated to work at.

I understand that Quality Medical Nursing Services (QMNS) has a duty of care to Health & Aged Care Facilities to be able to verify my proof of clearance.

Signature: _____ Date: _____

Authorisation For Working With Children CHECK

I, (name) _____ of (address) _____
_____, have completed the Working with Children Check forms.

I hereby authorise Apps Recruitment Agency Pty Ltd, trading as Quality Medical Nursing Services (QMNS) to undertake these clearances with the Employment Screening and Review Branch.

Signature: _____ Date: _____

TERMS OF EMPLOYMENT

I, (name) _____ of (address) _____
_____.

Agree to work for Apps Recruitment Agency Pty Ltd, trading as Quality Medical Nursing Services (QMNS) as a casual employee.

QMNS are committed to provide allocated shifts at various facilities. Part of my employment with QMNS is that while an employee at QMNS I cannot accept any shifts offered to me at facilities where I am not being employed by QMNS.

I also understand that if I resign from QMNS I cannot be employed by any facility that QMNS has allocated me to work at for a period of three months from my date or resignation.

Failure to comply with this agreement may result in legal action being taken against me.

I have read and understood the terms of my employment with Apps Recruitment Agency Pty Ltd, trading as Quality Medical Nursing Services and agree to work and abide within these guidelines.

Signature of employee: _____ Date: _____

Signature of QMNS Witness: _____ Date: _____

TERMS OF EMPLOYMENT – PERSONAL CARE

I, (name) _____ of (address) _____
_____, hereafter known as 'Carers', agree to work for Apps
Recruitment Agency Pty Ltd trading as Quality Medical Nursing Services (QMNS).

I have read the following, initialled, understood and agree to the terms of employment:

1.**I agree to arrive to each appointed job on time.** Our policy is that if you are running more than 10 minutes late for your allocated job that you must report to the office so that we can inform the client that you will be arriving shortly. If you arrive late you must ensure that you work back the full time that the client has requested, if you are unable to work back please complete your time sheet accurately and inform the office so that the client is charged for the correct time worked.
2.**I understand I am employed on a casual basis.** Our Carers are employed on a casual basis at a higher rate than the award permanent part time rate which already includes an allowance for sick leave, holiday leave, and long service leave, therefore you have already been paid your annual leave / sick / long service leave and no additional payment will be made by Quality Medical Nursing Services.
3.**I agree to always have a professional attitude.** Whilst we employ casuals to care for clients we expect that you are reliable with a professional attitude and NOT notify QMNS at the last moment that you cannot fulfill your duty to care for an allocated client. QMNS is a professional business caring for the needs of our clients and their families.
4.**I agree not to discuss the clients financial affairs or witness and sign any legal document.**
5.**I agree not to work under the influence of drugs / alcohol.** No alcohol must be consumed within eight (8) hours of an allocated job. Illegal drugs will not be tolerated. Failure to abide by this policy will result in instant dismissal from the company.
6.**I agree that I will not make personal phone calls from the client's home.** No carer is authorized to make personal phone calls from the client's home of any description; this includes local, interstate, international or mobile. Failure to abide by these rules will result in instant dismissal with the cost being deducted from your salary. This is a theft from the client and could result in becoming a Police matter.
7.**I agree not to accept large gifts from clients.** It is the policy of QMNS that no large gifts or money is accepted from the clients. Elderly people sometimes forget that they have given you a gift and could then believe you have taken same. Please ensure that when you are offered large gifts that you politely refuse and ensure you notify QMNS so that the company is also aware should an enquiry result from same. Small tokens of appreciation from the client are acceptable.
8.**I agree not to cut clients finger / toe nails.** This is not part of the cares role. Please leave this for the family to attend to.
9.**I agree to always dress professionally.** Smart, well attired.
10.**I agree not to smoke in the client's home.** Smoking only permitted outside in a designated area when on an official break. Failure to abide by this policy could result in instant dismissal.

11.I agree to giving one months notice when requesting leave / or resigning. Thus ensuring that a suitable replacement can be allocated to our clients in your absence.
12.I agree not to attend to additional work direct with the client and understand that this will lead to instant dismissal.
13.I agree that I am not allowed to give my personal phone number to clients. Past experience has shown that this creates undue stress for both carer / employer.
14.I agree not to discuss QMNS staff with clients. If there is a communication problem between fellow staff, QMNS management will endeavour to facilitate a solution.
15.I agree to be a good listener and communicator and always have a positive attitude. Please ensure the time spent with the client is quality time. Some clients look forward to your visits and like to spend time talking about their past lives. Please always take an interest in their conversations and make them feel life is worth living.
16.I agree if clients need to change the time of their service or wish to organize additional time that you refer them to QMNS to organize same. You are nor permitted to schedule extra services personally. QMNS will notify you of any changes regarding clients services. This then will eliminate any confusing and will ensure that all invoices for the client and your salary are correct.
17.I agree that I will not be involved in any of the clients finances i.e. withdrawing money from a bank / credit cards. If a situation arises when a client has no means of assistance please contact QMNS who will advise you of a solution that does not put use at risk of being involved in any money matters. Failure to attend to this policy could lead to instant dismissal.
18.I agree not to steal clients from QMNS. In the event that you resign from QMNS and continue to care for a client you will asked to pay a fee for each client. Effectively you have stolen the client and QMNS must be reimbursed for their loss. An additional fee from the client will also be required. You will not be re employed by QMNS for any future positions.
19.I agree not to lift any resident that requires two persons. OH&S regulations must be adhered to. Please ensure that if you require two staff to lift that you notify QMNS so that a re-assessment of the client can be attended to find a safe solution for both carer and client.
20.I agree not to discuss QMNS clients with any other clients, staff members, family, and friends. Please ensure that you always respect the privacy and dignity of the clients,
21.I agree that I will not transport any client without full comprehensive car insurance, current driver licence and authorisation from QMNS.
22.I agree to act honestly at all times. Always ensure that you respect client's belongings and remember you are a guest in their home. Dishonesty could lead to termination of your employment.
23.I agree to ensure my time sheet is completed accurately and signed by the client on each visit.
24.I agree to ensuring my signed time sheet is submitted / faxed to QMNS no later that Monday by 1600hrs.
25.I agree to contacting QMNS in case of any emergency.
26.I agree to contacting QMNS if I am experiencing any problems with a client or their family member.

I have read and understood the term of my employment with Quality Medical Nursing Services and agree to work and abide within these guidelines.

I do not have a criminal record.

Signature of employee: _____

Date: _____

Signature of QMNS Witness: _____

Date: _____

Name of Witness: _____

Signature of QMNS Director: _____

Date: _____

Name of QMNS Director: _____

What are your three key strengths and can you give me a recent practical example that illustrates each strength?