

# APPLICATION FOR EMPLOYMENT



Please download and complete the following application.

Submit with indicated documents/evidence to:  
[jobs@teamnational.com.au](mailto:jobs@teamnational.com.au)



**PART ONE:**

**ALL CANDIDATES MUST PROVIDE VALID EVIDENCE OF THE FOLLOWING IN ORDER TO UNDERTAKE EMPLOYMENT WITH TEAM NATIONAL.**

**CANDIDATE NAME:** \_\_\_\_\_

**POSITION + EXPERTISE:** (please tick position you are qualified to apply for, and the area(s) of expertise)

	<b>Carer/ AIN/ Support Worker</b>	<b>Enrolled Nurse</b> AHPRA registered	<b>Registered Nurse</b> AHPRA registered	<b>Other:</b>
Providing in-home care / nursing across the community including Aged Care and NDIS.				
Providing AD-HOC agency shifts across Canberra Aged Care facilities, hospitals + Specialised sites.				
Management and Leadership team				

**MANDATORY PRE-REQUISITES:**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Resume</li> <li><input type="checkbox"/> Complete application form (this document)</li> <li><input type="checkbox"/> Industry Qualifications – Minimum Cert III</li> <li><input type="checkbox"/> ACT WWVP Card</li> <li><input type="checkbox"/> Valid National Police Check</li> <li><input type="checkbox"/> Valid First Aid and CPR</li> <li><input type="checkbox"/> COVID-19 Infection Control Module*</li> <li><input type="checkbox"/> NDIS Worker Orientation Module*</li> <li><input type="checkbox"/> NDIS Supporting Safe Meals Module*</li> <li><input type="checkbox"/> Up to Date Vaccination Summary</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> x2 Professional References</li> <li><input type="checkbox"/> Drivers Licence</li> <li><input type="checkbox"/> Registered Vehicle</li> <li><input type="checkbox"/> <i>Studying Transcripts (if applicable)</i></li> <li><input type="checkbox"/> <i>APRHA Registration (if applicable)</i></li> <li><input type="checkbox"/> <i>VISA documents (if applicable)</i></li> <li><input type="checkbox"/> Bank Account Verification</li> <li><input type="checkbox"/> Any other relevant documentation</li> <li><input type="checkbox"/> 100 Points of ID</li> <li><input type="checkbox"/> Influenza Vaccination (annual)</li> </ul> |
|---|---|

*\*COVID + NDIS modules are available online for free.*

**PROPOSED AVAILABILITY OF WORK:**

(please tick your availability to be considered by National for available work and/or write your specific time frames)

	<b>MON</b>	<b>TUES</b>	<b>WEDNES</b>	<b>THURS</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>
<b>0600-1500</b>							
<b>1400-2300</b>							
<b>2200-0700</b>							

# Application for Employment: CONFIDENTIAL



## PERSONAL DETAILS:

Title:  Gender:

First Name:  Surname:

Preferred Name:

Address:  Suburb:

State:  Postcode:  Mobile:

DOB:  Email:

Car Registration:  Drivers Licence No:  State issued:

### IF APPLICABLE:

Car Insurance > Provider:  Policy Number:

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## CULTURAL CONSIDERATIONS:

Do you identify as aboriginal and/or Torres Strait Islander?

In supporting our diverse community, Do you speak a language other than English?  
If so, what languages are you fluent in?

Do you have any cultural and/or religious customs you would like us to be aware of?

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## RESIDENTIAL STATUS + RIGHT TO WORK WITHIN AUSTRALIA:

Please select the relevant option:

- Australian Citizen** - Citizens must provide evidence of citizenship in the form of birth certificate, citizenship certificate or passport.
  - Australian Resident** – Evidence of permanent residency, passport or Immi Card
  - VISA Holders** – Visa WITH work rights – must provide documentation of VEVO / VISA papers
- Do you have conditional employment hour limitations we need to consider?**

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# Application for Employment: CONFIDENTIAL



## SECURITY REQUIREMENTS:

ACT WWVP Number:

Exp Date:

Have you ever been dismissed from a nursing home, hospital or any type of health facility OR are there any current investigations being undertaken into your alleged conduct?

- No  
 Yes (If yes, please provide relevant information)
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## EMPLOYMENT + EDUCATION:

Are you currently employed,  
if so where:

Are you currently studying,  
if so where and what:

## QUALIFICATIONS:

- Cert III Individual Supports / Aged Care / Disability  
 Cert IV Individual Supports / Aged Care / Disability  
 Diploma Endorsed Enrolled Nursing  
 Bachelor of Nursing / Paramedicine  
 Other: Please identify below:

## AREAS OF EXPERIENCE:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Personal Care     | <input type="checkbox"/> Dysphagia Support         | <input type="checkbox"/> Tracheostomy            |
| <input type="checkbox"/> Social Supports   | <input type="checkbox"/> Enteral / PEG             | <input type="checkbox"/> Clinical Nursing        |
| <input type="checkbox"/> Transport         | <input type="checkbox"/> Hoist / Lifter Experience | <input type="checkbox"/> Observations            |
| <input type="checkbox"/> Medication Assist | <input type="checkbox"/> Stoma Care                | <input type="checkbox"/> Sub Cut Injections      |
| <input type="checkbox"/> Meal Support      | <input type="checkbox"/> Bowel Care                | <input type="checkbox"/> PEG Changes             |
| <input type="checkbox"/> Seizure Support   | <input type="checkbox"/> Peristeen                 | <input type="checkbox"/> Catheter Management     |
| <input type="checkbox"/> Behaviour Support | <input type="checkbox"/> Diabetes Support          | <input type="checkbox"/> Wound Management        |
| <input type="checkbox"/> Scheduling        | <input type="checkbox"/> Support Coordination      | <input type="checkbox"/> Training and Assessment |
| <input type="checkbox"/> Dementia          | <input type="checkbox"/> Brain Injury              | <input type="checkbox"/> MS / MND                |



**MANDATORY TRAINING:**

Please provide any relevant mandatory training information and evidence of the completion you have obtained that are valid.

TRAINING	EVIDENCE	PROVIDER	DATE
Infection Control			
Fire Safety / Emergency			
Manual Handling			
SIRS / Mandatory Reporting			
Medication Competency			
First Aid - HLTAID011			
CPR – HLTAID009			

Please list any additional specialised training you may have undertaken, relevant to the role you are applying for. This can include: P.A.R.T Training, Dementia Training, Medication Competency, Bowel Care, PEG Management, Tracheostomy Management, Seizure Management, Behaviour Management, Epilepsy Management etc

TRAINING	EVIDENCE	PROVIDER	DATE

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**REFERRAL RECOGNITION:**

At National, we love to recognize our team. If you were referred to by someone, we would love to know who so we can send them a little something to say thank you. Please provide their name below:



**OCCUPATIONAL HEALTH AND SAFETY:**

To ensure our OH&S obligations are met, we need to understand your current health situation. You must disclose any injury or illness that may influence you whilst undertaking work with our organisation, including the effects of prescription medication.

Are you up to date with all current vaccinations?  Yes  No

(a copy of your vaccination record may be required; this can be obtained from your GP and/or Medicare via MyGov)

Do you have any illness, injuries, other conditions, or on medication which could impact your ability to undertake your duties?  Yes  No

If YES, please provide details relevant to your employment:

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Do you have any pre-existing injuries, diseases or medical conditions that could be affected by manual handling or repetitive tasks or that you feel make impact your employment?  Yes  No

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Have you ever made a worker's compensation claim?  Yes  No

If YES, please provide relevant details including employer, injury, date and any current work restrictions; and if this claim is ongoing.

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You have a duty to disclose any information that would restrict or limit any work placements. Do you have any other information that you would like to provide that is relevant to your employment?

Yes  No

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## PART TWO:

**IF YOU ARE A SUCCESSFUL CANDIDATE AT INTERVIEW AND RECEIVE A LETTER OF OFFER, THE FOLLOWING INFORMATION IS REQUIRED PRIOR TO ATTENDING INDUCTION.**

### REFERENCES:

Upon successful interview, we will contact your provided references. Please complete the following information:

Reference ONE  Phone:  Relationship

Reference TWO  Phone:  Relationship

### LOCAL EMERGENCY CONTACT PERSON:

Name:  Phone:  Relationship

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### SUPERANNUATION FUND DETAILS:

Super Fund:  Account/Member Number:

### ACT LONG SERVICE LEAVE SCHEME:

Are you currently registered with the ACT Long Service Leave scheme?

- Not sure** - please call them on 02 6247 3900
- No** – one will be automatically populated
- Yes** - please provide your LSL Number:

### BANK ACCOUNT VERIFICATION:

Please identify a bank account you wish wages to be paid into:

Bank:  Account Holder Name:

BSB:  Account Number:

### VERIFICATION BY NATIONAL

Please provide verification of your bank account number – this can be done in two ways during induction:

- Provide a copy of a statement or payroll letter from the bank including the details; OR*
- Login to your internet banking at induction and provide NCC with the verified account details.*



**100 POINTS OF IDENTIFICATION:**

100 points proof of ID is required to be provided – This may consist of a combination of at least one primary identification document and one secondary identification document. Secondary identification documents must include your full name, and your photograph or signature.

**Primary identification documents (70 points each) include:**

- Current AHPRA Registration
- Birth Certificate
- Citizenship Certificate
- Current Passport
- Expired passport that was not cancelled and was current within the preceding two years

**Secondary identification documents (40 points each) include:**

- Australian Drivers Licence
- Identification card for an Australian public employee
- State or Territory issued personal identification card
- Student card issued by an Australian tertiary education institution
- Identification card issued by the Commonwealth, a State or Territory as evidence of entitlement to financial benefit.

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**DECLARATION:**

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*I acknowledge and declare that the facts on this application are true and accurate to the best of my knowledge. I also understand that if any of the information provided by me is false or if I have not disclosed any information to this employer which would significantly affect its decision about whether or not to employ me, my offer of employment may be withdrawn or my employment terminated. I consent to collecting this information and using it for the purpose of my employment.*

Candidate Name:

Date:

Signature:

*Thank you for applying with Team National.  
Should you be successful, we will be in touch.*