

# Mansfield District Hospital

## APPLICATION FOR EMPLOYMENT

**This form must be completed for each position applied for, and by each applicant.**

The information on this form will be treated as strictly confidential under the *Privacy and Data Protection Act 2014* and Information Privacy Principles and will be used in connection with prospective employment with this hospital. The Hospital reserves the right to check details, however, no approach will be made to your current employer without your permission.

All new employees are required to complete an application for employment form. There are a number of key questions on the form, which are explained as follows:

**Visa Status.** During the recruitment process, it is essential that we check prospective employees' entitlement to work in Australia in accordance with the Department of Immigration and Border Protection guidelines.

**Referees.** Before an official offer of employment is made, whether an internal or a new employee, at least two reference checks must be made. The referees given by the individual must be recent, professional, ideally include their current employer and be aware of your application. If in doubt as to the nature of the referees, the applicant may be asked for clarification and additional referees if necessary.

**Physical/Medical.** We are committed to providing a safe working environment for all employees. It is our objective to ensure that employees are not required to work in duties that they are not able to perform safely.

***Please address Key Selection Criteria on Position Description as part of your application.***

Mansfield District Hospital  
53 Highett Street  
Mansfield Victoria 3722

P.O. Box 139  
Mansfield Victoria 3724

Phone: 03.5775 8800  
Facsimile: 03.5775 1352  
Email: [reception.main@mdh.org.au](mailto:reception.main@mdh.org.au)



**Mansfield District Hospital**  
**APPLICATION FOR EMPLOYMENT**

Position Applied for:	
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Please indicate how you learned about the position being applied for:

Internet: <input type="checkbox"/>	Newspaper: <input type="checkbox"/>	Professional Association: <input type="checkbox"/>	Family/Friend: <input type="checkbox"/>	Direct enquiry: <input type="checkbox"/>
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Other:  .....

**SECTION A** **PERSONAL DETAILS**

PLEASE USE BLOCK LETTERS

Mr/Ms/Miss Mrs:	Family Name:	
	Other Names:	

Former Names: (if applicable)	
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Current Address:	
	Postcode:

Contact	Home Phone:		Mobile:	
Email Address:				

Professional Body Registration No. (if applicable):	
Division (if applicable)	

1. Are you a permanent resident of Australia?	YES <input type="checkbox"/>	NO: <input type="checkbox"/>
If NO, what is your visa status:		
Passport Number:		Expiry Date:

2. If your application is successful, you will be required to consent to a MDH initiated Police Check for pre-employment screening purposes. You will also be required to provide a valid employee Working with Children Check or demonstrate that you have applied for a WWCC prior to commencing work.

All staff are required to undergo a police check prior to employment and every 3 years thereafter. If any recorded convictions are disclosed, MDH will conduct an assessment to determine if employment will proceed. A police check is only valid on the date it is issued, therefore, staff have an obligation to immediately disclose any criminal charges or convictions that are registered as court disclosable outcomes during this 3 year period between police checks.

3. Are you prepared to work shift work?	YES <input type="checkbox"/>	NO: <input type="checkbox"/>
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4. Do you associate with being of Aboriginal or Torres Strait Island (ATSI) Heritage?	YES <input type="checkbox"/>	NO: <input type="checkbox"/>
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5. Mansfield District Hospital is an equal opportunity employer. Are there any issues that the organisation needs to consider to ensure access & support?

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**SECTION B**

**EDUCATION**

You may attach photocopies (NOT ORIGINALS) of Awards but you will be required to produce originals for verification.

Applicants are reminded that overseas education and technical qualifications should be included.

**1. University and/or College and/or Hospital.**

Course Undertaken	University / College / Hospital	Year

**2. Degree, Diploma or Certificate Awarded.**

Please attach certified copy.


**3. Other Qualifications and Skills.**

You should include professional or technical qualifications, membership or professional associations, short courses, fluency in languages, etc.


**SECTION C**

**EMPLOYMENT HISTORY**

Please show where you have worked before. Include overseas as well as Australian work experience. Voluntary work experience may also be included or attach resume.

Name of Employer	Position Held	Dates from / to

Professional Referees			
Name of Referee	Title & Organisation	Relationship	Contact Number

Give details of interests or activities which may assist your application

A current Certificate of Service must be provided prior to commencement (Clinical staff only).

If available, please attach the Certificate of Service to this application form and return .

*Note: Your orientation pack contains a template that can be provided to your employer for completion for this purpose.*

**SECTION D**

**PRE-EXISTING INJURY / DISEASE DECLARATION**

Mansfield District Hospital is committed to protecting the health, safety and well-being of all employees. To achieve this, the hospital strives to ensure that employees are not required or permitted to undertake work for which they are not suited and to take appropriate measures to allow work to be done in a manner which will not put any person at risk to their health and safety.

The following declaration is made for the purposes of sections 41(1) – (2) of the *Workplace Injury Rehabilitation and Compensation Act 2013*.

I.....(name of applicant). declare that:  
I acknowledge that I am required to disclose all pre-existing injuries or diseases which I believe may be affected by my undertaking of the job of:.....(job title)

Pursuant to sections 41(1) and (2) of the *Workplace Injury Rehabilitation and Compensation Act 2013* (“Act”), you are requested to disclose to Mansfield District Hospital any pre-existing injury, disease and/or illness that you have suffered or suffer from, of which you are aware, that could reasonably be expected to be affected by the nature of your proposed employment.

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Where you have a pre-existing injury and or disease, consideration will be given to reasonable modifications to the environment or tasks.

**Do you agree to the following:**

To undergo a Medical fitness test.	YES <input type="checkbox"/>	NO: <input type="checkbox"/>
The Mansfield District Hospital requesting confidential report from nominated previous employers.	YES <input type="checkbox"/>	NO: <input type="checkbox"/>
The Mansfield District Hospital requesting a confidential report from nominated current employer.	YES <input type="checkbox"/>	NO: <input type="checkbox"/>

**You will be asked for details of nominated persons if reports are required.**

**If you fail to make such a disclosure, or make a false or misleading disclosure, section 41(2) will apply and any recurrence, aggravation, acceleration, exacerbation or deterioration of the pre-existing injury or disease arising out of or in the course of, or due to the nature of, or due to your employment with # [employer] does not entitle you to compensation under the Act.**

To the best of my knowledge the information provided in this Declaration is true and correct.

Signature.....Dated...../...../.....