

APPLICATION FORM

We are an equal opportunity employer and will not discriminate in the hiring process on the basis of age, sex, race, disability, sexuality, marital status, pregnancy and caring responsibilities.

The Application Form must be completed by the Applicant. The Application Form indicates an expression of interest by a potential candidate to apply for a position in the Company. The completion of this form in no way offers any guarantee of employment and/or provides any confirmation of any potential vacancy available.

Applicants are advised that should they be successful in their application, this form will be stored on their Personnel File. This form should be completed as accurately and honestly as possible.

PERSONAL DETAILS			
Title	Surname	Given Names	
Residential Address		Postal Address	
Suburb	Post Code		Post Code
Home Phone	Mobile Phone	Languages Spoken:	
Email Address:			
Are you legally entitled to work in Australia?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have evidence of eligibility to work in Australia if required?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Pls provide a copy of your Visa if you are not an Australian citizen.</i>			

POSITION
What position/s are you applying for? <input type="checkbox"/> OT <input type="checkbox"/> Speech <input type="checkbox"/> Other Yrs of Experience: _____ Please list from 1 (most) to 6 (least) your preferred clinic location: ___Unley ___Morphett Vale ___Walkerville ___Golden Grove ___West Lakes ___Glenelg
How did you find out about this position? <input type="checkbox"/> Friend <input type="checkbox"/> Facebook <input type="checkbox"/> Insta <input type="checkbox"/> Website <input type="checkbox"/> Seek <input type="checkbox"/> Other: If Other, please provide detail:
What type of work are you looking for? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
When are you available to start? How much notice must you give to your current employer?
Are there any restrictions on your hours/ days of week? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide detail:

ABOUT YOU
What attracted you to apply for this position with our Company?
What key things do you believe you can bring to the position / company?
What are your salary expectations for the role you are applying for (identify either hourly rate or annual base salary exclusive of superannuation)?
What are three words you would use to describe yourself?

EMPLOYEE HEALTH AND WELLNESS

At Kid Sense it is our duty to ensure you return home in the same, if not better, condition than when you went to work.

Your health is important to us. Please be honest and transparent when completing this form to allow us to provide additional support and training if required.

Are you aware of any circumstances regarding your health, or capacity to work, that would interfere with your ability to perform the duties of the position?

In answering this question Yes or No you are also covering factors such as: existing or exposure to infectious diseases, taking of medication/treatment on a regular basis (daily, weekly, monthly). If yes, what adjustments do you need to perform the genuine and reasonable requirements of the employment (if any)?

If YES, please provide more details:

Yes

No

Do you have an existing injury or condition or pre-existing injury or condition that could be affected by the nature of the proposed employment?

Existing is a condition for which treatment is still being received. Pre-existing is where an injury or condition/s is present but treatment is not required. If yes, please provide details of the injury or condition(s). If yes, what adjustments do you need to perform the genuine and reasonable requirements of the employment?

IF YES, please provide more details:

Yes

No

Are you taking any medication that could be important for us to know in case of emergency?

IF YES, please provide more details:

Yes

No

Do you suffer from or carry and infectious disease or illness?

IF YES, please provide more details:

Yes

No

VOLUNTARY: Have you previously been on Workers Compensation?

IF YES, please provide more details:

Yes

No

Claim Number:

Injury Type:

Any Additional details:

WORK HISTORY - Please list all previous employment, beginning with the most recent that you have held in the last 10 years.

This information is contained in my provided CV, or provide below:

Company Name	Period of Time	Reason/s for Leaving	Position	Salary

Where applicable, please provide an explanation below as to any gaps greater than 4 weeks between employment (ie studying, travelling, looking for work)

REFERENCES

This information is contained in my provided CV, or provide below:

Name	Relationship	E-Mail	Current Company and Position	Contact No.

Please indicate with an * if we are NOT able to communicate with any of these references without confirming with you beforehand.

APPLICANT DECLARATION

I declare that the contents of this form are true and correct and complete to the best of my knowledge and no information concerning my past or present state of health has been withheld. I understand that failing to notify or hiding a pre-existing injury or illness which might be affected by the nature of the proposed employment, could result in my individual liability in the case of an injury or illness claim.

Date:

Name:

Signature:

Application provided to the organisation: Web: In person: Email: Via Post:

Email: Team@childdevelopment.com.au

Post: 90 Unley Rd, Unley SA 5061

Call: (08) 8272-7522 and speak with Tayla.