

APPLICATION FOR EMPLOYMENT

Position applied for: _____

Full Time Part Time Casual Hours available per week: _____

Date available to commence: _____

PERSONAL DETAILS

Preferred Title: Dr Mr Mrs Ms Miss Other: _____

Surname: _____

Given Name(s): _____

Address: _____

Suburb: _____ Postcode: _____

Email Address: _____

Telephone (H): _____ (M): _____

Date of Birth: _____ Country of Birth: _____

Language spoken at home: _____

WORK RIGHTS

Yes, I am an Australian citizen or permanent resident

Yes, I hold a valid work visa Visa Subclass: _____ Expiry Date: _____
(Please provide a certified copy of your work visa and passport)

WORK HISTORY

Have you previously been employed by Adventist HealthCare Limited? Yes No
(Sydney Adventist Hospital, Dalcross Adventist Hospital or San Day Surgery Hornsby)

Are you currently employed at Dalcross Adventist Hospital or SDSH? Yes No

Previous employment (most recent first)

Employer name/establishment	Dates from/to	Position held	Reason for leaving

CLINICAL PROFESSIONAL DETAILS (to be completed by clinical applicants only)

AHPRA Registration/Certificate Number: _____ Expiry Date: _____

I have attached a copy of my:

- Current AHPRA Registration/Certificate
- Evidence of Years of Service
- Bloodsafe Clinical Transfusion Practice eLearning Certificate (nursing and medical staff)
- Between the Flags Program NSW Health - DETECT eLearning Certificate (nursing and medical staff)

REFERENCES

Please list details of three (3) professional references.

Name: _____ Position: _____ Organisation: _____ Phone: _____ Email: _____
Name: _____ Position: _____ Organisation: _____ Phone: _____ Email: _____
Name: _____ Position: _____ Organisation: _____ Phone: _____ Email: _____

- I give Adventist HealthCare Limited consent to contact the above referees in relation to this application.

WORKING WITH CHILDREN CHECK (WWCC)

A Working with Children Check number must be supplied and verification will be carried out for all applicants applying for positions that have been identified as working with children.

Applicants applying for positions in the following areas are required to provide a Working with Children number:

- Chaplains
- CMO's – Contracted and employed
- Dalcross Adventist Hospital
- Delivery Suite/ Maternity/ Special Care Nursery
- Emergency Care
- Fox Valley Medical Centre
- Operating Theatres
- Paediatrics
- Physiotherapy (Maternity)
- Radiographers and Radiologists
- Registrars - Employed
- San Day Surgery Hornsby
- Sleep Studies (Paediatrics)
- Surgical Centre
- Wardsperson
- Women's Health

Working with Children Check number: _____ Expiry Date: _____

PRIVACY

The information collected on this application, attached resume and any information collected about you throughout other stages of Adventist HealthCare Limited's recruitment process will be used by Adventist HealthCare to assess your suitability for employment.

Adventist HealthCare takes reasonable precautions to protect all personal information provided by you and all information is securely stored or destroyed, as appropriate.

APPLICANT DECLARATION

- I declare that, to the best of my knowledge, all information given in this application and attached resume is a true and correct statement of my particulars, experience and competencies.
- I consent to Adventist HealthCare Limited undertaking checks, relevant to the position I am applying for, which may include all or any of the following:
- Working With Children Check (WWCC)
 - Identification
 - Police/Criminal history
 - Professional Registration currency
 - Department of Immigration/Right to work (VEVO)
- I understand that this application does not guarantee an offer of employment.

Name: _____ Signature: _____

APPLICATION CHECKLIST

Before submitting your application, please ensure the following information is completed in full and you have included a copy of the below information with your application:

- Application for Employment
- Resume/CV
- Visa including work rights, *if applicable*
- Clinical professional details, *if applicable*
- Working with Children Check number, *if applicable*
- Occupational Screening forms 1 and 2, *if applicable*

SUBMISSION

Submit your application including required documents to:

- a) Advertising Manager; or
- b) Adventist HealthCare Limited
Human Resources Department
185 Fox Valley Road
Wahroonga NSW 2076
jobs@sah.org.au

PLEASE NOTE:

It is the policy of Adventist HealthCare Limited not to provide feedback regarding unsuccessful applications. All unsuccessful applications (including relevant documentation and pre-employment assessment information) collected is securely destroyed.

Where did you see or hear about the vacancy advertised? *(please tick)*

- | | |
|---|---|
| <input type="checkbox"/> Sydney Morning Herald | <input type="checkbox"/> AHCL Intranet |
| <input type="checkbox"/> Local Newspaper | <input type="checkbox"/> Friend/Relative/AHCL |
| <input type="checkbox"/> Hospital Notice Board | <input type="checkbox"/> Other <i>(please indicate)</i> |
| <input type="checkbox"/> Internet <i>(indicate website)</i> | |

~ Adventist HealthCare is a **smoke-free** workplace ~

OCCUPATIONAL SCREENING FORM 1 APPLICANT UNDERTAKING/DECLARATION

- All sections of Form 1 **MUST** be completed.
- The Tuberculosis Assessment Tool (Form 2) **MUST** be completed.
- *The Staff Health and Safety Advisor will assess these forms along with evidence of protection against the infectious diseases specified in the policy.*
- Applicants **WILL NOT** be permitted to commence duties if they have not submitted both Occupational Screening Forms 1 and 2 and **all required vaccination and / or serology information.**
- Failure to complete any of the outstanding vaccination and serology requirements within appropriate timeframes may affect your employment status.

<input type="checkbox"/>	I have read and understand the requirements of the Adventist HealthCare Limited's Policy on Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases.
<input type="checkbox"/>	I undertake to participate in the assessment, screening and vaccination process and I am not aware of any personal circumstances that would prevent me from completing these requirements
<input type="checkbox"/>	OR
<input type="checkbox"/>	I undertake to participate in the assessment, screening and vaccination process; however I am aware of medical contraindications that may prevent me from fully completing these requirements and am able to provide documentation of these medical contraindications. I request consideration of my circumstances.
<input type="checkbox"/>	MANDATORY REQUIREMENT FOR ALL CATEGORY A APPLICANTS
<input type="checkbox"/>	<p>I have ATTACHED evidence of protection for all staff</p> <p> <input type="checkbox"/> Pertussis/diphtheria/tetanus <input type="checkbox"/> Varicella <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella </p>
<input type="checkbox"/>	<ul style="list-style-type: none"> • I have evidence of protection for hepatitis B
<input type="checkbox"/>	OR
<input type="checkbox"/>	<ul style="list-style-type: none"> • I have received at least the first two doses of hepatitis B vaccines (documentation provided) and undertake to complete the hepatitis B vaccine course (as recommended in the Australian Immunisation Handbook, current edition) at my own cost; and undertake to provide all vaccination details and a post-vaccination serology result within 6 months of appointment / commencement of duties.
<input type="checkbox"/>	I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Information Sheet 3: Specified Infectious Diseases: Risks, consequences of exposure and protective measures) and agree to comply with the protective measures required by Sydney Adventist Hospital.

I declare that the information I have provided is correct

Name DOB

Phone or Email.....

Position Applying for..... Department.....

Facility (only if Student).....

Signature.....Date

OCCUPATIONAL SCREENING FORM 2 TUBERCULOSIS ASSESSMENT TOOL

- All Category A applicants **MUST** complete Occupational Screening Form 2 and return to the employing manager, along with Occupational Screening Form 1: *Applicant Undertaking / Declaration and all vaccination and serology information.*
- You will require** TST screening if you were born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at:
<http://www.health.nsw.gov.au/Infectious/tuberculosis/Documents/countries-incidence.pdf>
- The Staff Health and Wellbeing Advisor will assess this form and decide whether clinical review / testing for TB is required.
- As a prospective employee you will not be permitted to commence duties if you have not submitted both Occupational Screening Form 1 and Form 2: Applicant Undertaking / Declaration to Adventist HealthCare Limited and all vaccination and serology information.

<p>In which country were you born? Have you lived/travelled overseas?</p> <p><i>If yes, please list</i></p> <ul style="list-style-type: none"> - country - year of visit - length of time spent in each country 	<p>Country of Birth _____</p> <p style="text-align: center;">YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 33%;">Country</th> <th style="width: 33%;">Year of visit</th> <th style="width: 33%;">Length of time</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Country	Year of visit	Length of time			
Country	Year of visit	Length of time					

<p>Have you ever had contact with a person known to have active TB? (<i>include year of contact</i>)</p> <p>Have you ever had active TB or been treated for TB? (<i>If yes, please provide details</i>)</p>	<p style="text-align: right;">YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]</p> <p style="text-align: right;">YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]</p> <p>.....</p>
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<p>Have you ever had TB screening? <i>If yes, please attach documentation of</i></p> <ul style="list-style-type: none"> - Tuberculin Skin Test (Mantoux)/chest x-ray report 	<p style="text-align: right;">YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]</p>
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Please provide information below if you have any of the following symptoms. Please indicate duration of the symptoms and any concurrent illnesses.

Cough for longer than 2 weeks	YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]	Fatigue/weakness	YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]
Haemoptysis (coughing blood)	YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]	Anorexia (loss of appetite)	YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]
Fevers/chills/temperatures	YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]	Unexplained weight loss	YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]
Night sweats	YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]	Fatigue/weakness	YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]

I declare that the information I have provided is correct, to the best of my knowledge.

I declare that if I am assessed as requiring TB screening (tuberculin skin test/chest x-ray), I will undertake to complete required screening within the timeframe as will be specified by the Staff Health and Safety Advisor, at my own cost.

Name DOB

Signature Date

For Office Use Only – TB Screening required – YES / NO

INFORMATION SHEET 1

EVIDENCE REQUIRED TO DEMONSTRATE PROTECTION AGAINST SPECIFIED INFECTIOUS DISEASES

PLEASE TAKE THIS FORM TO YOUR DOCTOR / SERVICE PROVIDER TO ASSIST WITH OBTAINING THE REQUIRED EVIDENCE

1. Acceptable evidence of protection against specified infectious diseases includes:
 - A written record of vaccination signed by the Medical Practitioner, and / or
 - Serological confirmation of protection, and / or
 - Other evidence, as specified in the table below.

NB Adventist HealthCare Limited require vaccine brand and batch number and clinic / practice stamp for all vaccinations and serology, otherwise it will be deemed as unacceptable evidence
2. Copy of serology results
3. Adult vaccination record card – please ensure the following information is recorded on the card:
 - Vaccine Name and Batch Number
 - Date Vaccine Given
 - Vaccine provider signature and stamp
 - Serology results recorded on the card also required a signature and stamp
 - If providing serology, a copy of the original pathology results are required
4. **TST screening is required if the person was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at:**
<http://www.health.nsw.gov.au/Infectious/tuberculosis/Documents/countries-incidence.pdf>

Disease	Evidence of vaccination	Documented serology results	Other acceptable evidence
Diphtheria, tetanus AND pertussis (whooping cough) (dTpa)	A dose of ADULT type dTpa (Boostrix or Adacel) Given within last 10 years	Serology will not be accepted	Not applicable
	****PLEASE CONFIRM**** WITH YOUR GP THAT YOU ARE RECEIVING EITHER BOOSTRIX OR ADACEL (dTpa) AND <u>NOT ADT</u>		
Hepatitis B	History of completed age-appropriate course of Hepatitis B vaccine	Anti-HBs (surface antibodies) greater than or equal to 10mIU/ml	Anti-HBc (core antibodies) indicating past infection
	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px;">AND</div> <div style="border: 1px solid black; padding: 2px 10px;">OR</div> </div> <ul style="list-style-type: none"> • Complete Form 1 – Undertaking to complete requirements – if Hepatitis B requirements are incomplete 		
Measles, mumps, rubella (MMR)	2 doses of MMR vaccine - at least one month apart	Positive IgG for measles, mumps and rubella	Birth date before 1966
	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px;">OR</div> <div style="border: 1px solid black; padding: 2px 10px;">OR</div> </div> <p style="text-align: center;"><i>Results of not detected/ equivocal requires a 2 dose course</i></p>		
Varicella (chickenpox)	2 doses of varicella vaccine at least one month apart	Positive IgG for varicella	History of chickenpox or physician-diagnosed shingles
	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px;">OR</div> <div style="border: 1px solid black; padding: 2px 10px;">OR</div> </div> <p style="text-align: center;"><i>Evidence of one dose is sufficient if the person was vaccinated before 14 years of age</i> <i>Result of not detected/ equivocal requires a 2 dose course</i></p>		
Tuberculosis (TB) Assessment	<ul style="list-style-type: none"> ○ Complete Occupational Screening Form 2 – Tuberculosis Assessment Tool 		

INFORMATION SHEET 2

SPECIFIED INFECTIOUS DISEASES: RISKS, CONSEQUENCES OF EXPOSURE AND PROTECTIVE MEASURES

The following table provides a brief description of the infectious diseases specified in this policy directive and links to further information, including risks of infection, consequences of infection and, where relevant, management in the event of exposure.

Fact sheets on each of the listed diseases are available in an A-Z list on the NSW Health website at: <http://www.health.nsw.gov.au/Infectious/factsheets/Pages/default.aspx>

The *Australian Immunisation Handbook (current edition)* is available online at: <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home>

Hepatitis B (HBV)	Blood-borne viral disease. Can lead to a range of diseases including chronic hepatitis B infection, cirrhosis and liver cancer. Anyone not immune through vaccination or previous infection is at risk of infection via blood or other body fluids entering through broken skin, mucous membrane, injection/needlestick, unprotected sex or from HBV positive mother to child during birth. Specific at risk groups include: health care workers, sex partners of infected people, injecting drug users, haemodialysis patients. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Hepatitis_B.aspx
Diphtheria	Contagious, potentially life-threatening bacterial infection, now rare in Australia because of immunisation. Spread via respiratory droplets and discharges from the nose, mouth or skin. Infectious for up to 4 weeks from onset of symptoms. Anyone not immune through vaccination or previous infection is at risk. Diphtheria toxin (produced by the bacteria) can cause inflammation of the heart muscle, leading to death. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Diphtheria.aspx
Tetanus	Infection from a bacterium usually found in soil, dust and animal faeces. Toxin from the bacterium can attack the nervous system. Although the disease is now fairly uncommon, it can be fatal. Not spread from person to person. Generally occurs through injury. Neonatal tetanus can occur in babies of inadequately immunised mothers. Mostly older adults who were never adequately immunised. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Tetanus.aspx
Pertussis (Whooping cough)	Highly infectious bacterial infection, spread by respiratory droplets through coughing or sneezing. Cough that persists for more than 3 weeks and, in children, may be accompanied by paroxysms, resulting in a “whoop” sound or vomiting. Anyone not immune through vaccination is at risk of infection and/or transmission. Can be fatal, especially in babies under 12 months of age. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Pertussis.aspx



SPECIFIED INFECTIOUS DISEASES: RISKS, CONSEQUENCES OF EXPOSURE AND PROTECTIVE MEASURES, cont.

Measles	Highly infectious viral disease, spread by respiratory droplets – infectious before symptoms appear and for several days afterwards. Serious complications such as ear infection, pneumonia, or encephalitis can occur in up to 1/3 of cases. At risk are persons born during or after 1966 who haven't had 2 doses of MMR vaccine, babies under 12 months of age, before they have had a 1st dose and children over 4 years of age who have not had a 2 nd dose. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Measles_Factsheet.aspx
Mumps	Viral disease, spread by respiratory droplets. Now relatively uncommon in Australia because of immunisation. Anyone not immune through vaccination or previous infection is at risk. Persons who have the infection after puberty can have serious complications, eg swelling of testes or ovaries; encephalitis or meningitis may occur rarely. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Mumps.aspx
Rubella (German Measles)	Viral disease, spread by respiratory droplets and direct contact. Infectious before symptoms appear and for several days afterwards. Anyone not immune through vaccination or previous infection is at risk. In early pregnancy, can cause birth defects or miscarriage. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Rubella-German-measles.aspx
Varicella (Chicken pox)	Viral disease, relatively minor in children, but can be severe in adults and immunosuppressed persons, leading to pneumonia or inflammation of the brain. In pregnancy, can cause foetal malformations. Early in the infection, varicella can be spread through coughing and respiratory droplets; later in the infection, it is spread through contact with fluid in the blisters. Anyone not immune through vaccination or previous infection is at risk. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Chickenpox.aspx
Tuberculosis (TB)	A bacterial infection that can attack any part of the body, but the lungs are the most common site. Spread via respiratory droplets when an infected person sneezes, coughs or speaks. At risk are those who spend time with a person with TB infection of the lung or respiratory tract or anyone who was born in, or has lived or travelled for more than 3 months in, a high TB incidence country. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Tuberculosis.aspx
Seasonal influenza (Flu)	Viral infection, with the virus regularly changing. Mainly affects the lungs, but can affect the heart or other body systems, particularly in people with other health problems, leading to pneumonia and/or heart failure. Spread via respiratory droplets when an infected person sneezes or coughs, or through touch, eg handshake. Spreads most easily in confined and crowded spaces. Anyone not immune through annual vaccination is at risk, but the elderly and small children are at most risk of infection. Management in the event of exposure: see http://www.health.nsw.gov.au/Infectious/factsheets/Pages/influenza_factsheet.aspx