

PERSONAL DETAILS

Surname: _____ Given Names: _____

Current Residential Address: _____

Town: _____ State: _____ Postcode: _____

Postal Address (if different): _____

Town: _____ State: _____ Postcode: _____

Email Address: _____

Phone Number: Home: _____ Mobile: _____

Are you Aboriginal or Torres Strait Islander? Yes No Prefer Not To Say

Date of Birth: _____ Country of Birth: _____

ELIGIBILITY TO WORK IN AUSTRALIA

Please tick the relevant Australian Citizenship or Residency Status and **provide** the required documentation.

<input type="checkbox"/> Australian Citizen	If born in Australia, please attach copy of Birth Certificate and/or Australian Passport. If born Overseas, please attach copy of Australian Citizenship Certificate and/or Australian Passport
<input type="checkbox"/> Permanent Resident	Please attach a copy of relevant Visa and copy of Passport
<input type="checkbox"/> Application in Progress	Please attach proof of application and copy of Passport
<input type="checkbox"/> Other Visa with Work Entitlements	Please attach copy of relevant Visa and copy of Passport. Please state Visa type:

OTHER DETAILS

Do you have a Police Check dated within the last 6 months? Yes No

If yes, please attach copy

Regulations state that all employees must have a current police certificate. NCN Health are able to conduct Police Checks which can only be used by this Health Service, alternatively employees can source their own Police Check which a copy will need to be provided, these are at the expense of the employee.

Have you been convicted of an offence of any nature? Yes No

If yes, please attach to this document details of each offence including dates.

Do you have a current Working With Children Check as employee (WWCC)? Yes No

If yes, please attach copy

All employees are required to hold a current WWCC, this will be at the expense of the employee.

Do you have a current Drivers Licence? If yes, please attach copy Yes No

CURRENT / PREVIOUS EMPLOYMENT

Do you have other employment that you intend on maintaining? Yes No

Are you currently on Leave Without Pay? Yes No

Are you currently on Long Service Leave? Yes No

Have you received a redundancy payment from an employer in the past 12 months? Yes No

QUALIFICATIONS – please attach copies

Name of Institution _____ Name of Qualification _____ Year Completed _____

- | | | | |
|--------------------------------------|---|---|---|
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Diploma | <input type="checkbox"/> Adv. Diploma | <input type="checkbox"/> Associate Degree |
| <input type="checkbox"/> Bachelor | <input type="checkbox"/> Bachelor Honours | <input type="checkbox"/> Graduate Certificate | <input type="checkbox"/> Graduate Diploma |
| <input type="checkbox"/> Masters | <input type="checkbox"/> Doctoral | | |

Name of Institution _____ Name of Qualification _____ Year Completed _____

- | | | | |
|--------------------------------------|---|---|---|
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Diploma | <input type="checkbox"/> Adv. Diploma | <input type="checkbox"/> Associate Degree |
| <input type="checkbox"/> Bachelor | <input type="checkbox"/> Bachelor Honours | <input type="checkbox"/> Graduate Certificate | <input type="checkbox"/> Graduate Diploma |
| <input type="checkbox"/> Masters | <input type="checkbox"/> Doctoral | | |

Name of Institution _____ Name of Qualification _____ Year Completed _____

- | | | | |
|--------------------------------------|---|---|---|
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Diploma | <input type="checkbox"/> Adv. Diploma | <input type="checkbox"/> Associate Degree |
| <input type="checkbox"/> Bachelor | <input type="checkbox"/> Bachelor Honours | <input type="checkbox"/> Graduate Certificate | <input type="checkbox"/> Graduate Diploma |
| <input type="checkbox"/> Masters | <input type="checkbox"/> Doctoral | | |

ALLIED HEALTH AND NURSING

AHPRA Registration Number: _____ Copy attached: Yes No

Professional Indemnity Insurance? Yes No

If yes, Insurance Company: _____

Policy Number: _____

Contact Name: _____ Phone: _____

Membership of Professional Association/s Yes No

If yes, Membership Number/s _____

Details of Accredited Practitioner status – attach copy of documentation.

PRE-EXISTING INJURY / DISEASE DECLARATION

In accordance with s82(7)-(9) of the Accident Compensation Act 1985 (Vic), you are required to disclose any or all pre-existing injuries, illnesses or diseases (pre-existing conditions) suffered by you which could be accelerated, exacerbated, aggravated or caused to recur or deteriorate by you performing the responsibilities associated with the employment for which you are applying with NCN Health.

Where you have a pre-existing condition, consideration will be given to reasonable modification to the environment or tasks it at all possible or practicable.

Please note that the giving of false information in relation to your application for employment with NCN Health may constitute grounds for disciplinary action or dismissal.

I, _____ (name of applicant) declare that:

I acknowledge that I am required to disclose all pre-existing injuries, illnesses or diseases that I am aware and one could reasonably be expected to foresee could affect the nature of the proposed employment.

- I do not have any injury, illness or disease that I am aware of and one could reasonably be expected to foresee could affect the nature of the proposed employment.
- I have suffered the following injuries, illness/s and/or disease that may recur or deteriorate, accelerate or be exacerbated or aggravated by the duties described in the position description. Please list injuries and/or diseases:

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 No
- NCN Health requesting confidential report from nominated previous employer? Yes No
- NCN Health requesting confidential report from nominated current employer? Yes No

Comments

I acknowledge that any non-disclosure or false or misleading information on my part may result in section 82(8) of the Accident Compensation Act 1985 being applied. This would disentitle me or my dependants from receiving benefits relating to any recurrence, aggravation, acceleration exacerbation or deterioration of any pre-existing injury or disease which I may have.

I certify that to the best of my knowledge the information I have disclosed in this document is correct and that I have not knowingly provided any false or misleading information. I acknowledge that if false or misleading information is found to have been supplied with my knowledge, it will result in this application being invalidated and my employment in this position may be terminated.

Signature of applicant: _____ Date: _____

Statutory Declaration and Consent Form

Information for Applicants

VPS employees must adhere to standards of conduct and behaviour that exemplify the Public Sector Values prescribed in the *Public Administration Act 2004*. Public servants occupy positions of trust in the community and are accountable for their actions. As such, all candidates for VPS roles are subject to appropriate integrity checks.

This Statutory Declaration and Consent Form (this Form) must be completed as part of the recruitment process.

Misconduct is defined in the *Public Administration Act 2004* as including:

- a) *contravention of a provision of this Act, the regulations or a binding code of conduct;*
- b) *improper conduct in an official capacity;*
- c) *a contravention, without reasonable excuse, of a lawful direction given to the employee as an employee by a person authorised (whether under this Act or otherwise) to give the direction;*
- d) *a refusal by an employee to perform duties assigned under Part 3 (public service employment) or Part 7A (emergency situations);*
- e) *an employee making improper use of his or her position for personal gain;*
- f) *an employee making improper use of information acquired by him or her by virtue of his or her position to gain personally or for anyone else financial or other benefits or to cause detriment to the public service of the public sector.*

The binding Code of Conduct applicable to VPS employees can be found at <https://vpvc.vic.gov.au/resources/code-of-conduct-for-employees/>

NCN Health will protect personal information collected in the course of undertaking employment related checks by restricting its distribution to individuals who require it to make or participate in making an employment decision, and ensuring proper record management procedures are adhered to. **NCN Health** will comply with relevant privacy legislation requirements. You will be able to gain access to any relevant personal information that **NCN Health** collects about you throughout the recruitment process.

A preferred applicant with a conduct history (criminal or misconduct) will not necessarily be precluded from employment. The relevance of any information collected will be assessed strictly in relation to the requirements of the position applied for.

NCN Health will determine the relevance of any conduct to the position applied for, taking the following into account:

- *the age of the applicant at the time of the conduct*
- *the nature and seriousness of the conduct*
- *the relevance of the conduct to the particular position applied for*
- *the risk to NCN Health and the Victorian community*
- *the period of time that has elapsed since the conduct took place*
- *the type and severity of any penalty imposed*
- *whether there is a pattern of behaviour*
- *any evidence of rehabilitation including subsequent work experience*
- *any additional information provided by the applicant, including references from persons who are aware of the conduct history.*

NCN Health will conduct any relevant and required checks about applicants and the information you provide with your application. Such checks may include but are not limited to:

- *Identity (evidence of name/change of name, DOB, address)*
- *National and/or international police checks (which may include fingerprinting depending on the role)*
- *Right to work (including visa, separation package and redeployment status)*
- *Declarable associations to individuals known or suspected to be involved in unlawful activity*
- *Disciplinary history (including misconduct, open investigations and findings)*
- *Working with children*
- *Qualifications*
- *Professional registration or licence*
- *Contacting references to obtain referee statement*

Instructions (subject to modifications appropriate to a person's circumstances)

The person making the declaration and the witness must complete the document as indicated.

Both the person making the declaration and the witness must sign or initial each page of the document.

Before signing the declaration, the person making the declaration must say aloud in the presence of the witness:

"I, [full name of the person making the declaration] of [address of the person making the declaration], declare that the contents of this statutory declaration are true and correct."

Statutory Declaration

I, ,
[full name] [occupation]

of
[address]

make the following statutory declaration under the **Oaths and Affirmations Act 2018** (hereafter, the Act):

	Correct / True	Incorrect / False	Do not know / cannot answer
1. I have not had my employment terminated by any previous employer due to misconduct in employment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In the past seven years, I have not been found to have engaged in misconduct in employment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am not the subject of any open investigation into misconduct in employment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have not ceased employment while being the subject of a misconduct investigation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. All information I have provided in and with my present application for employment is complete, true and correct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I declare that the contents of this statutory declaration are true and correct and I make it knowing that making a statutory declaration that I know to be untrue is an offence.

.....
[signature of person making this declaration]

Declared at in the state of Victoria on
[city, town or suburb] [date]

I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration:

..... on
[signature of authorised statutory declaration witness] [date]

.....
[full name of witness] [title/occupation/capacity to witness statutory declaration]

of
[address of witness, writing typing or stamp]

A person authorised under section 30(2) of the Act to witness the signing of a statutory declaration.

**This section must be completed and signed by the witness if the person making the statutory declaration is illiterate, blind or cognitively impaired and the statutory declaration is read to them.*

I certify that I read this statutory declaration to [name of the person making the statutory declaration] at the time the statutory declaration was made.

.....
[signature of authorised statutory declaration witness]

**This section must be completed and signed by the witness if reasonable modifications were used in preparing this statutory declaration and that the contents of this statutory declaration were read to the person making the statutory declaration in a way that was appropriate to the person's circumstances.*

I confirm that reasonable modifications were used in preparing this statutory declaration and that the contents of this statutory declaration were read to the person making the statutory declaration in a way that was appropriate to the person's circumstances.

.....
[signature of authorised statutory declaration witness]

**This section must be completed and signed by any person who has assisted the person making the statutory declaration, for example by translating the document or reading it aloud. If no assistance was required, this section does not need to be completed.*

I certify that I have assisted [name of the person making the statutory declaration] by [specify what assistance was provided, for example translating the document]

.....
.....
.....
.....

..... on
[signature of person providing assistance] *[date]*

.....
[full name of person providing assistance] *[address of person providing assistance]*

Under section 30(3) of the Act the person making the statutory declaration and the statutory declaration witness must, in the presence of each other, sign or initial any alteration to the statutory declaration (s30(3)(a)); sign or initial each page of the statutory declaration (s30(3)(b)); sign and date the statutory declaration (s30(3)(d), and legibly write, type or stamp their name and address on the statutory declaration (s30(3)(e)).

The statutory declaration witness must write or stamp under their signature required by ss30(3)(c) and (d) of the Act their qualification as a statutory declaration witness as prescribed by section 6 of the Oaths and Affirmations (Affidavits, Statutory Declarations and Certifications) Regulations 2018 (s30(5) of the Act).

If the person making the declaration has a disability or impairment that prevents them from completing any of the prescribed steps, please contact the Victorian Public Sector Commission (03 7004 7220) for further advice on completing a statutory declaration.

