Registered Nurse Application Form

Applicant Information

First Name:	Last Name:	
Date of birth:	Phone:	Mobile:
Current address:		
City:	State:	Post Code:
Email:		
Are you an Australian resident: Yes ❑ No ❑		
If no, are you authorized to work in Australia? Yes ❑ No ❑		

Qualifications / Training / Licences

Do you have current First Aid and CPR Certificates? Yes ❑ No ❑ (must be willing to obtain)

Please list training organisation and expiry date:

Do you have a current Police Check? Yes ❑ No ❑ (must be willing to obtain)

Do you have a current Australian driver's license? Yes ❑ No ❑

Please list licence number and expiry date:

As a Registered Nurse with HBNC you will be expected to drive one of the Centre vehicles to client's home and work in their environment as well at times driving them to appointments in Harrow. Do you have any concerns with this? Yes ❑ No ❑

If yes, what are your concerns?

Availability

Please tick the times when you are available:

Shift range	***Mon***	***Tues***	***Wed***	***Thurs***	***Fri***	***Sat***	***Sun***
AM 07.30am – 12.30pm							
PM 12.30pm - 4.30pm							

Do you have any other work commitments that may affect your availability? Yes ❑ No ❑

If yes, please detail:

Experience

Do you have experience with any of the following:	Do you have any experience with these client groups:
❑ Emergency management and stabilization	❑Paediatrics
❑infection control	❑Adolescents
❑Palliative care	❑Aged Care
❑Chronic and Complex care coordination	❑Dementia and memory loss
❑Community health and health promotion	❑Mental health
❑Working under service standards	❑Hearing or sight impairment
_____ (please specify which)	❑other

Please describe any previous experience in Nursing (especially in community work and emergency nursing):

Please list any other skills you can bring to the position (eg certificates, qualifications)

Employment History

Current employer:	
Employer address:	How long?
Position:	Phone:
Email:	

Employment Period	Company/Roles & Duties	Reason for leaving

References

Please provide at least 2 work references. Referees will only be contacted after completion of the initial interview stage.

Name:	Company & relationship to you:	Contact details:

Health Declaration

I understand that failing to notify or hiding a pre-existing injury from Harrow Bush Nursing Centre could result in termination of my employment and/or that injury not being eligible for future compensation claims.

Do you currently have any health conditions that you are taking medications for? Yes ❑ No ❑

If yes, please describe:

Do you have any health conditions that may affect your ability to perform Nursing duties? Yes ❑ No ❑

If yes, please describe:

Have you ever submitted a Workcover claim for workplace injury? Yes ❑ No ❑

If yes, please describe:

Harrow Bush Nursing Centre provides medical & community services to the township of Harrow and the surrounding district. We currently employ Registered Nurses in a permanent part time and casual positions.

As a casual Registered Nurse you will be expected to work Harrow Bush Nursing Centre you will be expected to provide safe and quality nursing practice under recognized clinical guidelines within a clinic environment but also visit the client in their home whilst observing all policies and procedures accordingly. The work is very varied and workers need to be flexible and skilled. Examples of the duties may be:-

- Assessment, planning and implementation of care
- Emergency/trauma stabilisation
- Medication monitoring
- Health promotion
- Personal hygiene assistance
- Palliative care
- District nursing
- Monitoring of chronic illness
- Wound management
- Pathology collection

❑ I hereby declare that I am the applicant named in this form. I agree to the Harrow Bush Nursing Centre contacting my referees for the purpose of validating my employment and work details. All information in this form, and identification or support documents provided for this application, are true and correct. I understand that if I have provided false or misleading information it may result in a decision not to employ me, or if already employed, may lead to my dismissal.

_____ Date: _____ /_____ /_____

Signature of applicant

Completed application forms and supporting documentation should be mailed to
PO Box 103, Harrow VIC 3317 or faxed to 03 5588 1300 or scanned and emailed to centremanager@hbnc.org.au.
If you have any questions, please contact us on 03 5588 2000 or at the above email address.