

APPLICATION FOR EMPLOYMENT

INTERNSHIP 2011



This form is to be completed by all applicants.
Please read carefully and complete each section.
Please supply a passport size photo and CV with application.

GOULBURN VALLEY
HEALTH
Caring for your Community

Closing Date for applications is 17th June 2010

Additional Information to be aware of in relation to GV Health Employment Policy

- 1. Visa Status.** It is essential that we check prospective employees' entitlement to work in Australia during the recruitment process, in accordance with the Department of Immigration and Multicultural Affairs guidelines.
- 2. Medical Registration.** All offers of employment are dependant upon registration (provisional or otherwise) from the Medical Practitioners Board of Victoria.
- 3. Referees.** Before an offer of appointment is made, whether an internal applicant or a new employee to the Hospital, at least 2 reference checks will be made. The referees must be recent and ideally include their current employer. If in doubt as to the nature of the referees, the applicant may be asked for clarification and additional referees if necessary.
- 4. Physical/Medical.** Goulburn Valley Health is 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.
- 5. Recruitment Procedure.** All appointments are based on merit and equity
- 6. Confidentiality.** The information on this form will be treated as strictly confidential and will only be used in connection with prospective employment with Goulburn Valley Health. The Hospital reserves the right to check details, however no approach will be made to your current employer without your permission.
- 7. Post Graduate Medical Council of Victoria.** Please ensure that you lodge your Candidate's Priority List to the PMCV prior to the 17th June 2010.

Surname:	Given Names:
Address: No. and Street:	
Suburb/Town:	Postcode:
Phones: Work: ()	Home: ()
Mobile:	e-mail:

Please complete the following questions. Ensure that you sign and date this application where indicated.

1. Are you a permanent resident of Australia? YES NO

If NO, what is your visa status:

Passport Number: _____ Expiry Date: _____

2. If no, do you hold a certificate of the Australian Medical Council? YES NO

Have you passed the clinical component of the AMC (part 2)? YES NO

If YES, please provide details: (copy of results)

3. Are you a permanent resident of Victoria? YES NO

4. Are you a New Zealand Citizen? YES NO

5. Are you: Aboriginal: YES/NO Torres Strait Islander: YES/NO

6. Do you speak a language other than English at home? YES/NO

If YES, what language _____

If you have a resume and it includes all of the following information, attach resume and go to question 12.

7. Please indicate previous Education:

If you graduated from an Australian medical school outside of Victoria, please provide proof of previous residency in Victoria:

8. Medical qualification: _____ Year of Graduation: _____

University: _____ Country of Graduation: _____

9. Other skills: (e.g. Languages spoken): _____

11. **Referees:** (Please state the names and addresses of 3 referees (business/professional):

Name	Position and Company	Phone No.	Relationship

12. **Physical/Medical:** Please read the following paragraphs and provide the information requested.

You have been provided with information about the position and duties involved. The Hospital must ensure that you can perform the position safely. Also, as an equal opportunity employer, the Hospital must be aware of any training or specific services or facilities you would need to undertake the position.

Please give details below of anything that may affect your ability to perform the position, or that might affect your safety or the safety of others. Include:

- any relevant medical condition or incapacity;
- any specific training needs;
- any special facilities you may need.

Note: Failure to disclose a medical condition or incapacity that may affect your ability to perform the position, or might affect your safety, or the safety of others, may be grounds for denying a future claim for compensation under the Accident Compensation Act.

14. Emergency Contacts: (Please insert the names and contact numbers of two people who can be contacted in an emergency)

Name	Address	Phone No.	Relationship

I certify that to the best of my knowledge, the above particulars are correct. As a condition of employment, I agree to comply with the Hospital's By-laws, policies and regulations as apply from time to time.

Signature of applicant :	Date:
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**Please return completed Application to The Medical Resource Unit,
Goulburn Valley Health, Graham street, Shepparton, Vic. 3630.
Or via email medical@gvhealth.org.au**

HUMAN RESOURCES OFFICE USE ONLY:

Job Offer: YES/NO Date of Commencement:

Division: Medical Cost Centre:

Hours FN: ...76..... ADO: YES/NO Status: FP/FT/FC/PP/PT/PC/CP/CT/SP/ST

Classification Code: ...MP4.... Base Rate FN:

Review Dates: Probation Increment Leave.....Other (specify)

Date of Birth: Marital Status:.....

Authorised: Date: