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| --- | --- |
| Position applied for: |  |
| Date of application: |  | Availability to commence: |  |

How did you find out about this position?

[ ]  Seek [ ]  Christian Jobs [ ]  Ethical jobs [ ]  Wesley Mission intranet [ ]  Wesley Mission website

[ ]  LinkedIn [ ]  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Staff referral (Please print name of employee who referred you) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Your details |
|  |
| **Title:** | [ ]  Rev. | [ ]  Mr | [ ]  Mrs | [ ]  Miss | [ ]  Other (please specify) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Given name(s): |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contact phone: |  |  |  |  |  |
|  | Home | Mobile | Work |
| Email: |  |
|  |  |
| **Do you speak any languages other than English?**  | [ ]  No  | [ ]  Yes (please specify) |  |

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| Centrelink information (for supported employees only) |
| Type of benefit: |  |
| Centrelink referral? | [ ]  No  | [ ]  Yes - Centrelink referral number: |  |

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| Are you legally entitled to work in Australia? |
| [ ]  Yes, I am an Australian/New Zealand citizen or permanent resident (please provide evidence) |
| [ ]  Yes, I hold a valid work visa (**please attach a copy and provide details below**) |
| Type of Visa: |  | Expiry date: |  |
| In the last 10 years, have you spent more than six months in a country while over the age of 16 years? |
| [ ]  No |
| [ ]  Yes (please list all relevant countries and contact Wesley Mission to ask if you will require international police checks) ­­­­­­­­­­­­­ |
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| Have you previously worked for Wesley Mission? | [ ]  No  | [ ]  Yes (please provide details below) |
| Date employed: |  | Position held: |  |
| Name of centre/program: |  | Reason for leaving: |  |

**Do you have an existing connection to any Wesley Mission staff member or service? (e.g. Foster care)**

|  |  |
| --- | --- |
| [ ]  No | [ ] Yes (please provide details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please state your highest level of education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year 12 [ ]  | Certificate/ Diploma [ ]  | Bachelor Degree [ ]  | Masters [ ]  | Other [ ]  |
| **Please Specify** |  |

**Are you registered to practice as a registered/enrolled nurse or an allied health professional (e.g. psychologist, physiotherapist, doctor, etc.) in NSW?**

|  |  |
| --- | --- |
| [ ]  No | [ ] Yes (please provide details below) |
| Profession / qualifications held: |  |
|  | Registration number |  | Practicing certificate anniversary date |
| Are you a licenced tradesperson? | [ ]  No  | [ ]  Yes (please provide details below) |
| Trade: |  | Licence number: |  |
| Are you a member of any professional organisations? | [ ]  No  | [ ]  Yes (please provide details below) |
| List any professional memberships: |  |

|  |  |  |
| --- | --- | --- |
| Do you hold a current Australian driver licence? | [ ]  No  | [ ]  Yes (please provide details below) |
| Licence class: |  | Licence number: |  |

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| Criminal history check / Working with Children Check |

Staff in a child-related role must obtain/ hold a current Working with Children check. If you already have a clearance letter, please provide your WWC or APP number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is a condition of employment that all applicants consent to undergo a criminal history check prior to engagement

**Have you been convicted of a criminal offence that may prevent you from carrying out the duties related to this position?**

|  |  |
| --- | --- |
| [ ]  No | [ ]  Yes (please provide details below) |
|  |

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| Work Health & Safety |

**Do you have any past or current medical condition which may affect your performance in the role for which you have applied?**

|  |  |
| --- | --- |
| [ ]  No | [ ]  Yes (please provide details below) |
|  |
|  |

**Do you have any past or current medical condition which may be aggravated or worsened by the duties of the role?**

|  |  |
| --- | --- |
| [ ]  No | [ ]  Yes (please provide details below) |
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|  |

**Please note: Your appointment may be subject to you undergoing a health assessment.**

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| Conditions associated with this application |

I acknowledge that:

* Wesley Mission will release information on this application form to nominated individuals participating in the recruitment and selection process. I am also aware that, under the Privacy Act Amendment (2000), Wesley Mission will take all reasonable steps to protect this information.
* If my application is unsuccessful, this form shall be kept for no longer than six (6) months before being destroyed.
* If offered employment, this form will become the basis of my personal file, and will be forwarded to Wesley Mission’s HR Department, and a copy of this form will be retained at the Centre/Program where I will be employed by the Manager/Supervisor.
* If successful, I will adhere to the requirements of my letter of employment, award or agreement, the Wesley Mission Code of conduct, and policies and procedures of Wesley Mission.
* Wesley Mission is a Christian organisation requiring staff to affirm to our values:

|  |  |
| --- | --- |
| Our Vision | Do all the good you can, by all the means you can, in all the ways you can, in all the places you can, at all the times you can, to all the people you can, as long as ever you can. |
| Our Mission | Continuing the work of Jesus Christ in Word and deed. |
| Our Values | Out of Christian love and compassion, Wesley Mission is driven by* + Christlike Servanthood
	+ Unfailing Integrity
	+ Courageous Commitment.
 |

Wesley Mission endeavours to translate these values into practical policies and behaviour so they actively shape and define the character of the Mission and the decisions we make within it.

I have read and understood the above conditions of associated with this application and hereby affirm Wesley Mission’s values statement. Furthermore, the information stated on my application for employment is true and correct to the best of my knowledge and belief. I am aware that any false or inaccurate information given by me may prevent my employment or be the cause for my dismissal.

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| Signature of applicant: |  | Date: |  |