

CARING SOLUTIONS NURSING AGENCY- APPLICATION FORM

SCATTER KINDNESS- IT WILL HELP HEAL OUR WORLD!

<u>PERSONAL DETAILS</u> -Title: First Name: Middle: Surname:			
Mobile Phone No:		Alternate Phone No:	
Email Address:		Date of Birth:	
Home Address:		Postal Address:	
Next of Kin Name, Address & Phone No.			
Are you an Australian Citizen: Yes / No (please circle)			
If no, do you have a working Visa Yes / No (please circle)			
<u>PROFESSIONAL DETAILS: -</u>			
Driver's license No:		I have a car: Yes / No. Early morning calls, ok? Yes / No	
Nursing Year of Service (1-8)		Post Graduate Experience/Degree or Certificates:	
How many hours a week would you like to work:		Nurse Type: AIN/EEN/RN (please circle)	
What shifts would you prefer: AM /PM /ND /Double Shifts /Weekends (please circle)			
I would like to work in: Surgical / Medical / Rehab / ICU / CCU / Recovery / DPU / Cath Lab / Maternity / Nursery / Orthopaedics / Aged Care / Mental Health			
Are you working anywhere else? Yes / No If yes please provide Facility Name: -			
Nursing Registration Number: -			
Do you have an active worker's compensation claim lodged: Yes / No			
Have you ever made a claim against an Employer/ Facility: Yes / No			
If you 'Yes', where was this claim lodged?			
Do you have a National Police Check: Yes / No.		Do you have a Working with Children Check: Yes / No	
Reference 1 – Name / Positions / Contact No.			
Reference 2 – Name / Positions / Contact No.			
<u>FINANCIAL DETAILS: -</u>			
Tax File Number:		Do you wish to claim the Tax-Free Threshold: Yes / No	
Name Of Bank:		BSB No: Account No:	
Superannuation Company:		Superannuation Policy No:	
<u>JOINING CARING SOLUTIONS NURSING AGENCY:</u>			
I agree to have a Working with Children Check: Yes / No			
I agree to have a Criminal Record Check: Yes / No			
I hereby give permission for my CV, references, and personal details to be checked: Yes / No			
I will abide by the policies of Caring Solutions Nursing Agency and the Facilities at which I will be working: Yes / No			
Signature & Date:			

CARING SOLUTIONS NURSING AGENCY

Email: carol@caringsolutions.com.au or admin@caringsolutions.com.au

Phone:0412 630 135

Mail: PO BOX 472 Cessnock NSW 2325