

## Gateway Health Pre-Employment Disclosure

All applications submitted to Gateway Health must include the following:

- Resume
- Key Selection Criteria
- Gateway Health Pre-Employment Disclosure

**Position Applying For**

### Applicants Details

<b>First Name</b>		<b>Surname</b>	
<b>Contact Number</b>		<b>Email</b>	
<b>Are you an Australian Citizen?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If not, do you have Permanent Australian Residency Status?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you identify as Aboriginal or Torres Strait Islander?</b>		<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> No
<b>Have you worked for Gateway Health before?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Education/Qualification Details

<input type="checkbox"/> Degree	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctorate (PhD)	<input type="checkbox"/> Graduate Certificate	<input type="checkbox"/> Graduate Diploma
<b>Name of Institution</b>				
<b>Year of Completion</b>		<b>Evidence Included in Application?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Health & Safety Declaration

(Declaration of Medical or Health Conditions does not preclude you from being considered for Employment with Gateway Health)

**Are you aware of any medical or health related condition that could affect your performance or abilities to perform the inherent requirements of the position you are applying for, or be exacerbated by the work that you will be required to perform?**

Yes, Please Specify  No

**Have you ever lodged a claim for compensation or a work-related incident?**

Yes, Please Specify  No

**Are you currently on leave due to an occupational or work-related incident?**

Yes, Please Specify  No

**If you are currently suffering, or have suffered from a past injury or illness, or have a disability are there any arrangements and modifications Gateway Health could provide to enable you to carry out the requirements of the position safely and effectively?**

Yes, Please Specify  No

### Pre-Commencement E-Learning

If successful, you will be required to complete some on-line training prior to commencement. The e-learning is estimated to take approximately 2 ½ to 3 hours to complete. Are you able to meet this requirement?

Yes  No

### Background Checking

It is a requirement of employment to have a satisfactory National Police Check (& or international where relevant) completed prior to commencement. Are you able to meet this requirement?

Yes  No

Do you have any disclosable outcomes to declare that may appear on your National Police Check?

Yes, Please Specify  No

It is a requirement of employment to hold a valid Working with Children Check (WWCC). Do you currently hold a WWCC or prepared to obtain one?

Yes  No

If Held, Please Provide Card No.

Expiry

Copy Included with Application?

Yes  No

### Professional References

(Please Provide Details of 2 Work based Referee, Current Employer Preferred)

<b>Name</b>		<b>Name</b>	
<b>Position</b>		<b>Position</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Contact No.</b>		<b>Contact No.</b>	
<b>Work No.</b>		<b>Work No.</b>	

### Declaration

I confirm that the information provided is true and complete. I acknowledge that any false or misleading information may be cause for rejection or this application, or if employed, dismissal.

I further acknowledge that failure to disclose a medical or health condition may compromise my entitlements to WorkCover benefits in the event of a reoccurrence, aggravation, exacerbation or deterioration of a pre-existing injury or disease arising out of, or due to employment with Gateway Health.

I consent to Gateway Health seeking verbal or written information about me from my referees detailed within this application.

I understand that the information provided within this application will be treated confidentially, and will only be used in relation to the application of this specific position.

**Applicants Full Name**

(Please Print)

**Signature**

**Date**