

## Application Form

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Gender: \_\_\_\_\_ Gender Pronoun: \_\_\_\_\_  
Address: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

**1. Tell us why you would like to work with GMS?**

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**2. Tell us about any relevant experience you have in Aged and Disability Care:**

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**3. What are your current qualifications?**

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**4. If you have any of the following:**

- Current First Aid & CPR
- NDIS screening Check
- COVID Vaccinations
- Comprehensive Car Insurance
- Police Check
- Working with children check
- Driver License

**5. Tell us about any languages you speak other than English (not mandatory):**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**5. Do you have right to work in Australia?**

- Yes – I’m an Australian Citizen
- Yes – Permanent residence with no restriction
- Other \_\_\_\_\_
- Yes – Temporarily with no restriction
- Yes – Temporarily with restrictions on hours

**6. Are you interested in working part-time or casually?**

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**7. REFEREES:**

**Please list the names and contact details of two referees:**

1. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**8. Please attach a copy of your resume.**

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Thank you for applying to be part of our team. We will contact you as soon as practicable.

**CONTACT US**

**POSTAL ADDRESS**  
26-28 Tarwin Street  
Morwell VIC 3840

**CONTACT DETAILS:**  
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E: [recruit@gms.org.au](mailto:recruit@gms.org.au)