

## APPLICATION COVERSHEET

**i** South Coast Medical Service Aboriginal Corporation needs to collect some of your personal information to process your application for employment. By completing this form, you agree that we may use this information in accordance with our Privacy Statement.

Please attach as the first page of your application

Application Details			
Position Name:			
Closing Date:		Date Lodged:	

Personal Details			
Title (ie Miss, Mrs, Mr)			
Full Name		Date of Birth	
Address		Post Code	
Email Address			
Contact Number			
Are you of Aboriginal and/or Torres Strait Islander descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have the right to work in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Position Requirements				
Working with Children Check	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number		
Drivers Licence Number	State		Expiry Date	
Do you have any prior injuries or health conditions which may affect your ability to perform the duties of the position? <i>If yes, please provide details</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No

Attachments	
<input type="checkbox"/> Cover Letter	<input type="checkbox"/> Copies of any Qualifications/Registrations
<input type="checkbox"/> Statement of Claims against Selection Criteria	<input type="checkbox"/> Copy of Confirmation of Aboriginality
<input type="checkbox"/> Resume	<input type="checkbox"/> Other

### ACKNOWLEDGEMENT

(please tick to acknowledge)

- I agree to SCMSAC requesting referee checks from my current and previous employers.
- I understand that I may be required to undergo a pre-employment medical assessment.
- I agree to undergo relevant background screening checks.
- I agree to provide my Confirmation of Aboriginality (if applicable) before or on commencement of employment.

Signature: \_\_\_\_\_

| Date: \_\_\_\_\_