

Position Applied for		Date	
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Privacy

We are collecting the information on this form for the purpose of processing your application for employment. This information will not be disclosed to any individual or organisation without your consent.

Personal Details			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	Given Name	
Surname		Preferred Name	
Address			Postcode
Home Phone No		Mobile No	
Email Address			
Date of Birth		Country of Birth	
Church Affiliation			
Languages Spoken			
Availability (Days/AM/PM)			
Were you referred to us by an existing Outlook Christian Living employee?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please specify: _____			
Have you at any time after turning 16, been a citizen of a country other than Australia? (If yes a Statutory Declaration will need to be completed)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you legally entitled to work in Australia?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you the holder of a Visa to work in Australia?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Visa Class (please attach a copy of your visa to this application): _____			
(Please be prepared to show proof, e.g. Birth Certificate, Passport, Certificate of Australian Citizenship)			
Please note – A Police Check is required for any role at Outlook Christian Living. In addition, a current NDIS Worker Screening Clearance is also required for roles within our Aged Care Home.			
- All Applicants			
Do you have a current 'Police Check'?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide us with a copy.			
If no, do you agree to a 'Police Check' as part of your employment application?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
AND (if applicable)			
- Aged Care Workers Only			
Do you have a current 'NDIS Worker Screening Check'?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, do you agree to obtain a 'NDIS Worker Screening Check' as part of your employment?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide:			
NDIS Worker Screening Identification Number _____ and date of issue _____			
Immunisation Status			
As per current government guidelines, it is a requirement that you have been vaccinated against COVID19 to work in the Aged Care sector.			
Have you been fully vaccinated?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please attach proof of your immunisation status. i.e. your Covid19 Digital Certificate			

Pre-Existing Injury Declaration

In accordance with s82(7)-(9) of the Accident Compensation Act 1985 (Vic), you are required to disclose any or all pre-existing injuries, illnesses or diseases (pre-existing conditions) suffered by you which could be accelerated, exacerbated, aggravated or caused to recur or deteriorate by you performing the responsibilities associated with the employment for which you are applying with Outlook Christian Living.

Please note that, if you fail to disclose this information or if you provide false and misleading information in relation to this issue, under s82(8) and s82(9) of the Act you and your dependants may not be entitled to any form of workers' compensation.

Please also note that the giving of false information in relation to your application for employment with Outlook Christian Living may constitute grounds for disciplinary action or dismissal.

Are you required to take regular medication which may

Affect work performance Yes No

Affect your attendance at work Yes No

If yes, specify: _____

Are you aware/do you have any knowledge of any pre-existing medical conditions or injury

I have suffered no prior injuries that may recur or deteriorate, accelerate or be exacerbated or aggravated by the employment.

Or

I have suffered the following conditions that may recur or deteriorate, accelerate or be exacerbated or aggravated by the employment.

Please list details of all pre-existing conditions: _____

Please give details of any WorkCover claims made in the last five years: _____

Education Qualifications

Please attach your certificate/s to this application

Institution	Standard Attained	Year Qualified

Employment History

Please list most recent first

Employer	Position held	From/To	Reason For Leaving

References

Please specify details of persons prepared to give a verbal reference

Name	Position/Title	Telephone No.

<p><i>Please confirm that you have attached/included</i></p>	<input type="checkbox"/> Visa (if applicable) <input type="checkbox"/> Police Check <input type="checkbox"/> NDIS Worker Screening details (Aged Care Workers only) <input type="checkbox"/> Vaccination Proof <input type="checkbox"/> Education Certificate/s
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Outlook Christian Living Aim & Mission, Philosophy & Values

Aim & Mission

We display God’s love by caring for the physical, emotional, spiritual, and social needs of our elderly, whilst providing a loving and caring Christian atmosphere where residents’ rights and dignity are respected, and where residents are supported in living life to the full.

Philosophy

We believe that the Bible is the Word of God and therefore has life directions for us all; and that each person is a unique individual with their spiritual, physical, emotional, and social needs.

Values

We place a high value on:

- Treating all residents with love, compassion, and dignity.
- Operating as an effective and cohesive team.
- Delivering a consistently high standard of care.
- Supporting residents living as independently and safely as possible.
- Building relationships based on trust, integrity, and friendliness.

Declaration

- I agree with Outlook Christian Living’s Aim, Mission and Philosophy and agree to uphold the organisation’s Values in all aspects of my role.
- Outlook Christian Living’s logo (depicted at the top of this application form) reflects our Aim, Mission and Philosophy, and appears in various places including our compulsory uniform (where provided) and name badges. I agree to wear the Outlook Christian Living logo on my uniform and name badge.
- I have read and understood this form and have discussed employment with a representative of Outlook Christian Living.
- I understand the responsibilities and physical demands of the employment.
- I acknowledge that I am required to disclose all pre-existing conditions which I believe may be affected by me undertaking the employment.
- I acknowledge that failure to disclose this information or providing false and misleading information may result in invoking section 82(7)-(9) of the Accident Compensation Act 1985 (Vic) which may disentitle me or my dependants from receiving any workers’ compensation benefits relating to any recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing condition which I may have arising out of, in the course of, the employment.
- I acknowledge and declare that the information provided in this form is true and correct in every particular.

Signature		Date	
Full name (Please print)			

For Office Use

Additional Comments/ Requisite Modifications (to be completed by a member of Executive or their delegate)

Classification _____ Award _____ Salary/Wage Rate _____