



CasConnect Application for Casual Employment

Form No.
2.2

Prior to sending in your application, the following MUST be attached:

- Resume
- Copy of qualifications etc.
- Form 2.2 – Application for casual employment
- 100 Point Checklist & documents
- Form 2.3 – Location / Department Election Form
- Copy of Drivers Licence

Applications are to be sent to: CasConnect, c/- Stawell Regional Health 27-29 Sloane St, Stawell, 3380

Confidential

Personal Details:

Mr Miss Mrs Ms Dr

Surname: _____

First Name: _____

Second Name: _____

Preferred Name: _____

Previous Surname: _____

Date of Birth: ____/____/____

Gender: M F

Address: _____ Postcode: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____ Home Fax: _____

Are you a permanent Australian resident? Yes No

If no:

Temporary Working Holiday Visa Student Visa

Health:

To your knowledge, have you any medical condition/s which would impede your ability to undertake the essential components of the position you are applying for (including previous injuries)? Yes No

If yes, please provide brief description:

Allergies:

Please list any allergies that your employer would be required to be aware of (eg latex)



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In Case of Emergency Notify:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Professional Registration:

Please provide your registration/identification number, name of relevant association and expiry date:

Association: _____

Registration Number: _____ Expires: ____/____/____

Association: _____

Registration Number: _____ Expires: _____

Grade/Division:

- Div 1 Div 2 Medical Endorsed Div 2
 Personal Care Attendant Other: _____

Educational and Training Achievements:

List the name of Degree, Diploma, Course, Qualification, Accreditation, etc.

- | | |
|----------|-----------------------|
| 1. _____ | Date Completed: _____ |
| 2. _____ | Date Completed: _____ |
| 3. _____ | Date Completed: _____ |
| 4. _____ | Date Completed: _____ |

A photocopy of your qualifications, achievements and competencies must be provided.

Specialty Areas: *Please list any specialty areas not mentioned above, that you are qualified or experienced in EG Midwifery, Venepuncture, Dementia.*



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Previous / Current Employment:

Are you currently employed? Yes No

If Yes Full time Part time Casual Contract

Please list the last three employers with the most recent/current first:

1. Employer: _____

Position: _____

Date From: _____ Date To: _____

Brief Details of Duties: _____

Reason for position change: _____

2. Employer: _____

Position: _____

Date From: _____ Date To: _____

Brief Details of Duties: _____

Reason for position change: _____

3. Employer: _____

Position: _____

Date From: _____ Date To: _____

Brief Details of Duties: _____

Reason for position change: _____



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Professional Referees:

NOTE: References MUST only be from a Nurse Unit Manager or Director of Nursing, who you have worked with within the past two years:

Name: _____

Title: _____

Organisation: _____

Phone: _____

Name: _____

Title: _____

Organisation: _____

Phone: _____

Declaration:

The information in this form along with any subsequent testing is being collected for the purposes of assessing my application for employment and will be viewed by the Human Resources Manager and relevant managers within the health services that I have advised I am interested in working for.

With regard to this application, I agree that the health services where I have requested to be a bank member may make any enquiries of previous employers, referees and insurers etc as they may require. This information is confidential between the health service registered with CasConnect and the third party.

I acknowledge that I will be required to undergo a Police Check and may be required to obtain a medical clearance as part of the recruitment process.

If employed, I hereby agree to comply with my conditions of employment, lawful and reasonable instructions that I may receive and by the policies and procedures of each individual health service as amended from time to time.

I recognise that employment will require my participation in training and development and accept I will be required to attend training, some of which may be in my own time.

In making this application for employment, I declare that all the answers given above are true to the best of my knowledge. I understand clearly that I shall render myself liable to discipline or dismissal if I knowingly provide any false or misleading information.

Signature of Applicant: _____

Date: _____



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100 Point ID Checklist:

All documentation provided to establish identity must be current.

Types of identification	Points	Provided
Primary Documents – Only one of each may be submitted		
Full Birth Certificate or Certified Copy (by Births, Deaths and Marriages) of a full birth certificate is required.	70	<input type="checkbox"/>
Current passport / International travel document (must be within two years old but not be defaced or mutilated)		<input type="checkbox"/>
Citizenship Certificate (original or certified copy)		<input type="checkbox"/>
Secondary Documents – Only one of each may be submitted		
Drivers licence Learners Permit An identification card issued to a student at a tertiary education institution A Proof of Age Card	40	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
A Financial Institution Statement EFTPOS Card An Australian Credit Card/Passbook statement issued by a Financial Institution Council Rates Notice (must contain the name and not be addressed to a P.O. Box) Marriage Certificate (must be issued by Births, Deaths and Marriages) Records of a public utility (e.g. Water, Gas or Electricity bill) Medicare Card Union or Trade/professional bodies member card Benefits card issued by Centrelink (eg Pension, Health Care etc) Lease/Rental agreement A recent signed reference of recommendation from an acceptable referee (e.g. Doctor, Banker, Police etc) The records of a primary, secondary or tertiary institution attended by the applicant in the past 10 years The records of a professional or trade association of which the applicant is a member	25	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
TOTAL		

All copies of documents MUST be appropriately ratified that they are a true copy of the original (e.g. by Police).



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Location/Department Election Form

Form No.
2.3

Name: _____ Date: _____

Please tick the areas that you are interested in working for and circle the health service that you elect as you Parent Health Service. Return completed form to CasConnect.

Information regarding each region is available at: <http://www.health.vic.gov.au/doh/regions.htm>

GRAMPIANS REGION

Stawell Regional Health

Medical

- General Ward (Simpson Ward)
- Oncology
- Midwifery

Aged Care

- Nursing Home

Surgical

- Theatre
- Day Procedure
- Recovery

Community

- District Nursing
- Day Centre

Dunmunkle Health Service

Rupanyup

- Nursing Home (21 beds) & Acute (4 beds)

Minyip

- Community Health

Murtoa

- District Nursing
- Community Health
- TAC (Transport Accident client)
- Planned Activity Group

Edenhope & District Memorial Hospital

Edenhope

- Hospital General Ward
- Hostel
- District Nursing

Beaufort & Skipton Health Service

Beaufort

- Acute & Nursing Home
- Acute & Nursing Home In Charge
- Hostel
- District Nursing

Skipton

- Acute & Nursing Home
- Acute & Nursing Home In Charge
- Hostel
- District Nursing

East Wimmera Health Service

St Arnaud

- General Ward (incl. Maternity and A&E)
- Kara Court Nursing Home
- District Nursing

Donald

- General Ward (incl. A&E)
- Dialysis
- District Nursing

Charlton

- General Ward (incl. A&E)
- Karalinga Nursing Home
- District Nursing

Birchip

- General Ward (incl. A&E)
- Wirrim Lodge Hostel
- District Nursing

Wycheproof

- General Ward (incl. A&E)
- District Nursing

PTO for more locations



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East Grampians Health Service

Acute (Ararat)

- General Ward
- Emergency
- Midwifery
- Chemotherapy

Surgical (Ararat)

- Theatre
- Day Procedure
- CSSD
- Recovery

Aged Care

- Lowe St Nursing Home - Ararat
- Garden View Court Hostel - Ararat
- Willaura Aged Care

Community

- District Nursing - Ararat
- District Nursing - Willaura
- Day Centre - Ararat
- Palliative Care - Ararat

Hepburn Health Service

Daylesford

- Ward (incl. A&E)
- Ward (incl. A&E) In Charge
- Aged Care
- District Nursing
- Dialysis

Trentham

- Aged Care
- District Nursing

Creswick

- Ward (incl. A&E)
- Ward (incl. A&E) In Charge
- Aged Care
- District Nursing

Clunes

- District Nursing

Rural Northwest Health

Warracknabeal

- General Ward (incl. A&E)
- General Ward (incl. A&E) In Charge
- Aged Care

Hopetoun

- General Ward (incl. A&E) In Charge
(4 Acute, 26 Aged)

West Wimmera Health Service

	Nhill	Jeparit	Kaniva	Rainbow	Goroke	Natimuk
Acute Ward (incl. A&E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Acute Ward In Charge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Extra Pair of Hands	<input type="checkbox"/>					
Dialysis	<input type="checkbox"/>					
Theatre	<input type="checkbox"/>					
Maternity	<input type="checkbox"/>					
District Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day Activity Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Hostel		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
ACAS	<input type="checkbox"/>				<input type="checkbox"/>	
Respite					<input type="checkbox"/>	



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LODDON MALLEE REGION

Heathcote Health

Medical

- Acute
- Acute – In Charge

Aged Care

- Nursing Home
- Hostel

Castlemaine Health

Acute

- Acute Ward
- Midwifery
- Emergency

Aged Care

- Ellery House – Nursing Home
- Thompson House – Nursing Home
- Renshaw Hostel
- Spencey Hostel
- Penhall Hostel

Rehabilitation

- Connolly Rehabilitation Unit

Surgical Unit

- Theatre
- Recovery
- Day Procedure

District Nursing

- District Nursing

HUME REGION

Cobram District Health

- Acute & Nursing Home (Irvin House)
- Acute – In Charge
- Nursing Home (Irvin House) – In Charge
- Theatre
- District Nursing
- Medical Clinic Nurse

Nathalia Hospital

- Acute
- Acute – In Charge
- Nursing Home
- District Nursing
- Hotel Services