



# 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:

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### 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
<b>Primary Documents – Only one of each may be submitted</b>		
Full Birth Certificate or Certified Copy (by Births, Deaths and Marriages) of a full birth certificate is required.	<b>70</b>	<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"/>
<b>Secondary Documents – Only one of each may be submitted</b>		
Drivers licence Learners Permit An identification card issued to a student at a tertiary education institution A Proof of Age Card	<b>40</b>	<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	<b>25</b>	<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"/>
<b>TOTAL</b>		

***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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**2.2**

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# CasConnect

## 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 your Parent Health Service. Return completed form to CasConnect.

### 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

### Wimmera Health Care Group (Horsham)

#### Oxley

- General Ward (Oxley Ward)
- Intensive Care Unit
- Chemotherapy

#### Yandilla

- General Ward (Yandilla Ward)
- Midwifery
- Paediatrics

#### Emergency

- Emergency

#### Operating Suite

- Theatre
- CSSD

#### Primary Care

- District Nursing Services
- Hospital Admission Risk Program
- Community Health
- ACAS
- Diabetes Education
- Community Rehabilitation
- Day Centre

#### Dimboola

- District Nursing
- Ward/Aged Care

#### Dialysis

- Dialysis

#### Residential Services

- Menzies Nursing Home
- Matron Arthur Nursing Home
- Kurrajong Lodge Hostel

#### Nursing Administration

- After Hours Coordinator
- Night Nurse Attendant
- Admission/Discharge Coordinator

PTO for more locations



# CasConnect

## Location/Department Election Form

**Form No.**  
2.3

### 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

### East Grampians Health Service (Ararat)

#### Acute

- General Ward
- Emergency
- Midwifery
- Chemotherapy

#### Surgical

- Theatre
- Day Procedure
- CSSD
- Recovery

#### Aged Care

- Lowe St Nursing Home
- Garden View Court Hostel
- Willaura

#### Community

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

### 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"/>	

### Hepburn Health Service

#### Daylesford

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

#### Trentham

- Aged Care
- District Nursing

#### Clunes

- District Nursing

#### Creswick

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