



Position Application Form

ADVERTISEMENT DETAILS

Position applied for:

Where did you first find out about this position:

- Staff/Client Referral Employment Agency Searching/word of mouth
 Job Search Website (if so, which one)
 Print Media (if so, which one)

PERSONAL DETAILS

Given name: _____ Family name: _____

Address: _____

Telephone: Primary: _____ Secondary: _____

Email: _____

Preferred method of contact: Phone Email

CURRENT QUALIFICATIONS

Qualification Title	Year Completed

Are you currently undertaking study/training? (tick one)

Education Status : Full Time Part Time Distance Other

If yes, course/program name: _____

PREVIOUS EMPLOYMENT (most recent first)

Employer name/ establishment: _____

Position held: _____

Dates from/to: _____ Reason for leaving: _____

Employer name/ establishment: _____

Position held: _____

Dates from/to: _____ Reason for leaving: _____

PROFESSIONAL REFERENCE

Do you agree to have referees contacted in relation to this application? Yes No

(Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential.)

Please provide details of at least three professional references, manager/supervisor or higher, who may speak on your behalf regarding your work history.

Name	Contact No.	Position held/working relationship (e.g. supervisor)

What type of work are you available for? (tick one) Full Time Part Time Casual

When will you be available for work? _____



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PRE-EMPLOYMENT CHECKS

Do you agree to have a police check completed prior to employment? Yes No

(All results of police checks will remain confidential.)

Please provide details of any information that a police check may disclose

Offence	Outcome	Date

To assist cobdenhealth comply with our obligation to ensure a safe workplace and in order to determine whether applicants are able to safely and adequately perform the requirements of a position, to the best of your knowledge.

Do you have any condition/s that would prevent you from safely undertaking the duties of the position you have applied for?

Yes No

If yes, please provide details of any condition/s:

Declaration

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organisation. I understand that this application does not constitute an offer of employment. I understand that a police check will be required as part of this application.

Name:

Date:

Signed:

Privacy Statement

Your privacy is our priority. Cobdenhealth abides by the Privacy and Data Protection Act 2014 in all its dealings with members, volunteers and the public.

The personal information you have provided will help us process you as a valued volunteer with our organisation and will be treated as confidential. We may also use your information in aggregate form for research purposes - in such cases individual names will not be identified.

Your opinions are valuable in order to ensure we continue to attract volunteers and understand their needs. From time to time you may be invited to participate in research projects to assist Cobdenhealth in keeping volunteering alive. Participation in these projects is optional and your personal details will not be given to any external organisation without your permission.