



208F1 Application For Graduate Program

Document Owner: SA-HR
 DFC:
 Version: 2.0
 Issued: Apr 2010
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PERSONAL DETAILS			
Last Name:		Given Name(s):	
Address:			
Post Code:		Email:	
Phone (Home):		Work:	Mobile:
PRE-EMPLOYMENT FUNCTIONAL ASSESSMENT (PEFA)			
All applicants must pass a Pre-Employment Functional Assessment (PEFA) in relation to their ability to perform the inherent requirements of the position before taking up a position with RSL Care. Information regarding the PEFA can be found on the PEFA – Information for Applicants brochure. (Note: A copy of the brochure can be found on the RSL Care Website.)			
Do you agree to undertake a PEFA.			YES / NO
Do you understand that if you do not pass the PEFA that you will not be offered a position with RSL Care.			YES / NO
ELIGIBILITY TO WORK IN AUSTRALIA			
Eligibility to work in Australia requires that you fall into one of the following categories. Please indicate your category:			
Australian Citizen	Australian Permanent Resident	Resident New Zealand with New Zealand Passport	Non Australian Citizen holding a valid visa with working entitlements
YES / NO	YES / NO	YES / NO	YES / NO
Note: Prior to appointment, you will be required to provide evidence of your eligibility to work in Australia.			
POSITION INFORMATION			
Please attach a current Curriculum Vitae or Resume including Education, Qualifications, Employment History, Volunteer Experience.			
How did you find out about this position?			
Have you ever worked for RSL Care? YES/NO		If so, where & when:	
Position Applied For:		Preferred Location:	
REFEREES			
Specify details of at least two referees who are either academic, work or volunteer related (not family members).			
Name	Title	Company	Work number
VEHICLE DETAILS (Please provide evidence of drivers licence and insurance at interview if required)			
Do you have your own reliable transportation? YES/ NO		Do you have current Drivers Licence? YES/ NO	
Drivers Licence Type? CAR/ BUS / OTHER		Do you have current comprehensive Motor Insurance? YES/ NO	
QUALIFICATIONS (please attach a certified copy of your Qualification/s and Academic Transcript/s)			
Institution:	Institution:		
Course Title	Course Title		
Completion Date:	Completion Date:		
GPA:	GPA:		
Major/Minor	Major/Minor		
ACKNOWLEDGEMENTS			
I acknowledge and agree to the following recruitment processes occurring for my application to proceed and that if I deliberately give false information with respect to any of the following areas, my employment may be ceased:			
* Critical Job Demands Questionnaire	* Reference Checks	* Check Entitlement to Work In Australia	
* Pre-Employment Functional Assessment	* Statutory Declaration	* Federal Police Check	* Qualifications/ Transcripts
APPLICANT SIGNATURE:			Date:



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ADDITIONAL INFORMATION

Please address each of the following questions and attach your responses to this application form.

(Please keep your answers to no more than ½ a page and try to ensure you include examples where relevant)

1. Why are you interested in the Graduate Program with RSL Care?
2. What outcomes are you expecting to achieve by participating in this program?
3. What motivates you (professionally and personally)?
4. Describe a situation where you worked in a team.
5. What do you consider to be your major weaknesses?
6. Do you have any restrictions in relation to travel and or relocation?
7. When would you be available to commence the program (i.e. date)?
8. Which placements particularly interest you (i.e. Residential, HomeCare, Focussed Clinical Placement) and why?

WHERE TO SEND YOUR APPLICATION

Email this application (together with certified copies of your qualifications and academic transcripts) to working@rslcare.com.au for the attention of the Education Program Co-Ordinator (HR Operations).

OR

Mail to:

Attention: Education Program Co-Ordinator (HR Operations)

RN Graduate Program
301 Wickham Street
FORTITUDE VALLEY Q 4006