

KOOWEERUP REGIONAL HEALTH SERVICE

TERMS OF EMPLOYMENT FORM

PART A – PERSONAL DETAILS (to be completed by Applicant)	
SURNAME:	
GIVEN NAMES:	
DATE OF BIRTH:	TEL. NO (AH) TEL. NO (MB)
COUNTRY OF BIRTH:	
EMAIL ADDRESS:	
HAVE YOU BEEN A CITIZEN OR PERMANENT RESIDENT OF ANOTHER COUNTRY OTHER THAN AUSTRALIA SINCE TURNING 16 YEARS OF AGE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS:	
	P/CODE:
NEXT OF KIN:	(AH): (MB):
APPLICATION IS FOR:	
DEPARTMENT:	
APPLICANTS ARE TO <u>NOTE</u> THAT REFERENCE TO THE HOSPITAL INCORPORATES THE NURSING HOME AND HOSTEL.	

KOOWEERUP REGIONAL HEALTH SERVICE APPLICATION AND TERMS OF EMPLOYMENT FORM

PART C - DECLARATION FORM	
CONFIDENTIALITY AND PRIVACY STATEMENT	
<p>I agree to keep all information about patients, residents, clients and staff at the Kooweerup Regional Health Service confidential and private whilst employed and after termination of employment. I agree to abide by the Policies and Procedures as laid down in the Policy and Procedure Manuals of this Facility. I agree to keep confidential any information accessed via technology (offsite), i.e. LeeCare.</p> <p>I agree to keep confidential any financial information in relation to patients/residents and the Kooweerup Regional Health Service during and after employment.</p>	
SIGNED:	DATE:
QUALITY, EDUCATION, ACCREDITATION, HEALTH PROMOTION, ENVIRONMENT, PERFORMANCE APPRAISAL AND CODE OF CONDUCT.	
<p>It is acknowledged that I will be required to participate and promote Quality, Education, Accreditation, Health Promotion and the Environment Programs whilst employed by Kooweerup Regional Health Service. It is acknowledged that I will participate in annual performance appraisal. I agree to abide by the Victorian Public Sector Code of Conduct and any relevant Professional Code of Conduct, i.e. Nurses.</p>	
SIGNED:	DATE:

NOTE:

- 1. Kooweerup Regional Health Service is an Equal Opportunity Employer.**
- 2. It is unlawful under the Commonwealth Sex Discrimination Act (1984) and the Victorian Equal Opportunity Act for any person to be discriminated against. All new employees/contractors must be familiar with the Kooweerup Regional Health Service Policies on the above two topics. It is the persons responsibility to read these Policies and adhere to them whilst employed.**
- 3. A probationary period of six (6) months applies.**
- 4. All property (including intellectual) must be returned to Administration at end of last working day.**

KOOWEERUP REGIONAL HEALTH SERVICE

APPLICATION AND

TERMS OF EMPLOYMENT FORM

PART D – BANKING DETAILS	
PLEASE RETURN THIS FORM WITH BANKING DETAILS, PROMPTLY TO THE PAY OFFICE.	
ACCOUNT NAME:	
NAME OF BANK:	
B.S.B. NUMBER (6 DIGITS):	
BRANCH ADDRESS:	
POSTCODE:	
ACCOUNT NUMBER:	
Do you wish to receive your pay slip and correspondence electronically?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature:	Date:
Email Address:	