

Member Administration Details



Surname: _____

First Names: _____

Home Address: _____

Postal Address (If different to home): _____

Home Phone: _____ Mobile: _____

Fax: _____ Driver's Licence No: _____

Date of Birth: ____/____/____

TAXATION

Tax Free Threshold: Yes No

Tax File Number: _____

HELP Deduction: Yes No Other Deductions: _____

BANKING

Type of Account: Savings Cheque Other

Name of Banking Institution: _____

Accounts Name: _____

BSB No (6 digits): _____

Account Number: _____

Email address for payslips: _____

SUPERANNUATION

Name of Fund: _____

Address of Fund: _____

Membership Number: _____

CLASSIFICATION

- a) **RN** Level/Year _____ AHPRA Registration No: _____
- b) **EN** Medication Endorsed Yes No
 IV Endorsed Yes No AHPA Registration No: _____
- c) Do you have any restrictions placed on your AHPRA Registration? Yes No
- d) **ECA** Certificate 3 Yes No Certificate No: _____

NATIONAL POLICE CHECK

- a) Either a current (within 12 months) National Police Check on application, or we can assist you by conducting an online application. You will need to furnish 100 points of ID.
- b) Date National Police Check issued: ____/____/____
- e) Have you ever been convicted of any criminal offence? Yes No
- If YES, please provide details: _____
- _____
- _____

GENERAL

- a) Do you have a medical condition that could impact on your ability to carry-out a full range of nursing duties? Yes No
- b) Have you ever made any claims for Worker's Compensation? Yes No
- If YES to either of the above, please give details: _____
- _____

- | | <u>Month / Year</u> | | |
|---|---------------------|------------------------------|-----------------------------|
| c) Have you participated in any Fire Safety courses in the last 12 months? | ____/____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes has the certificate been sighted and photo copied? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Have you completed a Manual Handling course in the last 12 months? | ____/____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes has the certificate been sighted and photo copied? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Have you completed a Drug Calculations course in the last 12 months? | ____/____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes has the certificate been sighted and photo copied? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) Have you completed a Basic Life Support course in the last 12 months? | ____/____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes has the certificate been sighted and photo copied? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g) Have you completed an Infection Control Hand Hygiene course in the last 12 months? | ____/____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Yes has the certificate been sighted and photo copied? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

EMERGENCY CONTACT DETAILS

Name: _____

Address: _____

Relationship to NURSECARE Member: _____

Contact Phone Number: _____

REFERRAL

Were you referred to NURSECARE? Yes No

If yes, by whom? _____

DECLARATION

I declare that the above information is true and correct. I acknowledge that any offer of casual employment may be withdrawn if any of the above information is found to be false or misleading.

I authorise NURSECARE PERSONNEL to contact any referees nominated by me and to obtain written and/or verbal references from such referees. I further authorise NURSECARE PERSONNEL, in its discretion, to release to a prospective employer a copy of current Practising Certificate.

Name of Member: _____

Signature: _____

Interviewed by: _____ Date: ____ / ____ / ____

NURSECARE PERSONNEL complies with the National Privacy Principles as set-out in the Privacy Act 1988