



PERSONAL INFORMATION

First name:		Middle name:	
Last name:			
Other names:	All other names you have used or been known by (eg maiden, adopted, common use etc):		
Residential address:	Street:		
	Suburb:		
	City:		
	Postcode:	Country:	
Postal address:	<i>If different to residential address</i>		
Contact details:	Home Telephone: <i>Include International Country Code & Area Codes if overseas</i>		
	Work Telephone:	Can we phone you at work?	Yes No
	Mobile Telephone:	Fax Number:	<input type="checkbox"/> <input type="checkbox"/>
	Email Address:		
Birth details:	Date Of Birth:	Place Of Birth:	
	Country Of Birth:	Gender:	Male Female

EDUCATION

Qualification:	<input type="checkbox"/> School Certificate	<input type="checkbox"/> HSC Certificate	<input type="checkbox"/> Diploma	<input type="checkbox"/> Degree
	<input type="checkbox"/> Trade			
TAFE or Tertiary Qualification:	Title	Year completed	Institution	

DRIVING HISTORY

Do you have an UNRESTRICTED driver's licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How long have you held your Licence?
Do you have a PROVISIONAL driver's licence?	<input type="checkbox"/> Yes <input type="checkbox"/> P1 <input type="checkbox"/> P2	Driver's Licence Number: Date to obtain Unrestricted Licence:
Driver's licence category	(eg. Car, LR, MR, Motorcycle etc)	
List all restrictions		
Traffic charges / fines	Do you currently have any traffic charges / fines not documented on your driving history <u>pending</u> against you? Please provide details:	

EMPLOYMENT HISTORY

Please provide details of your complete employment history beginning with your most recent position. If more space is required, you are invited to attach further details on A4 paper. Include details of your work history. You may include temporary, part-time or voluntary positions held and experience gained in Australia or overseas. Information should include title of job, period of employment for both paid and unpaid work and the functions and responsibilities/outcomes of each job.

Are you currently employed by the Ambulance Service of New South Wales?

Yes No. Employee Number: Anniversary Date:

Name of current primary employer:		Period of service:
Primary position details:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Title:
Name of current secondary employer:		Period of service:
Secondary position details:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Title:

Past employers name	Occupation	Period Of Service	Functions and responsibilities	Reasons for leaving / termination
		/ / To / /		
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REFEREES

Please provide contact details for two referees able to comment on your work performance in relation to the key selection criteria. Please note that we require professional not personal referees. **Referees will not be contacted until we have spoken with you first.**

Name 1:	Current/Recent Supervisor/Manager:	
Organisation:		
Position:	Title:	Reporting Relationship:
Address:	Business Address:	
Telephone:	Business:	After Hours:

Name 2:	Current/Recent Supervisor/Manager:	
Organisation:		
Position Title:	Reporting Relationship:	
Address:	Business Address:	
Telephone:	Business:	After Hours:

CONDUCT & SERVICE CHECK

Please provide contact details for your human resources manager or employer who is able to comment on your work performance in relation to the key selection criteria. **Please Note: No contact will be made until we have spoken with you first.**

Name:	Current/Recent Human Resources /Manager Or Employer	
Organisation:		
Position Title:		Email:
Address:	Business Address:	
Telephone:	Business hours:	After Hours:

STATEMENT OF UNDERSTANDING

I understand that to be considered for a position with the Ambulance Service of New South Wales:

- I must hold a **NSW Light Rigid Driver Licence** (manual specification) prior to taking up an offer of employment but it is not essential to hold one at the time of applying.
- I will be required to undergo initial training at the Ambulance Education Centre at Rozelle in Sydney or other areas as designated. I must successfully complete all the **training requirements** including examinations and standards of the Ambulance Service of New South Wales to maintain my employment. I am also aware that further training and re-certification of my Ambulance qualifications may be required.
- As a Trainee/Qualified Patient Transport Officer, I accept that I will be assigned to **Summer Hill Station** within the Sydney metropolitan area and that I may apply for other locations in New South Wales which are advertised internally.
- As a Trainee/Qualified Patient Transport Officer, I accept that I must comply with the Ambulance Service of NSW's immunisation policy and will obtain my **immunisations** prior to commencing employment (see enclosed Form 188).

Please note that any statement on your application that is deliberately misleading could make you, if employed, liable to dismissal.

I hereby certify that the information I provide in this application is correct to the best of my knowledge.

Signature: Date

CHECKLIST

Please ensure that you check the requirements for the position by reviewing the **Application Information Booklet**:

- Checking that you meet the Selection Criteria
- The selection processes, working and training conditions

Please also ensure that you have submitted **certified copies** of the following items (**please do not send original documents**):

- Copy of your Driver's Licence
- Copy of your Driving History (obtained no more than 3 months ago)
- Copy of any qualifications, or transcript of your results
- Copy of your Birth certificate/ Passport
- 4 x passport photos (print your name and sign on the back of each photo)
- A stamped, self addressed envelope (for ASNSW to quickly acknowledge receipt of your Application)

EQUITY & DIVERSITY STATISTICS

The Ambulance Service of New South Wales is an Equal Opportunity Employer and therefore encourages applications from members of EEO target groups. If you identify with any of the groups, please tick which one and data collected will be kept confidential:

I am a person of Aboriginal descent and accepted as such by the community I live in.

I am a person of Torres Strait Islander descent and accepted as such by the community I live in.

I am a person from a racial, ethnic or ethno-religious group that is a minority in Australian society. *Minority means because of language background or accent; religion or culture; ethnic or racial appearance, country of birth or descent.*

The language I first spoke as a child was:

English Other language (please indicate)

I am a person with a physical, intellectual or psychiatric disability, learning or emotional disorder or other condition resulting in a limitation or restriction. If yes, do you require an adjustment in the workplace?

For example, the tasks of the job, the equipment, the workplace or work area, working hours, or how others behave towards you at work.

MARKETING SURVEY

How did you hear about our recruitment of **Patient Transport Officers**?

Advertisement or article in a newspaper Name of newspaper:

On the radio Name of radio station:

A documentary / drama series / or news item on television Name of program and channel:

I read about it on the Ambulance Service of New South Wales website

I spoke with someone who is employed by the Ambulance Service of New South Wales

Other?



Ambulance Service of New South Wales

5 November 2008

Dear Applicant

Re: Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy

This letter is to bring to your attention the need to be fully immunised if you are employed by the Service. The transmission of vaccine preventable diseases in healthcare settings has the potential to cause serious illness and avoidable deaths in patients and other users of the health care system. It is a significant occupational health and safety (OH&S) issue. Vaccination has been shown to be a safe and effective mechanism to ensure quality healthcare and safety.

The NSW Health "Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy" was introduced as a compulsory requirement for all new and existing staff working in patient care, including students on clinical placement. New employees are required to provide, at their own cost, documented evidence of protection against the specified infectious diseases, together with their tuberculosis (TB) status. More information regarding this policy can be found at the following website: www.health.nsw.gov.au/ohs_vaccination/

Under this policy, all new employees who are commencing employment as Trainee Paramedics and Patient Transport Officers after 1 July 2007 are required to be **fully immunised prior to commencing employment**. *It may take up to four months to complete the immunisation program. It may be a good idea to commence the immunisation program now, as you cannot be employed without meeting this standard.*

The only exception is the adult Hepatitis B vaccination course, which can be completed in three months as follows with a blood test check 1 month after the third dose of the Hepatitis B vaccination:

Dose 1	0 month	
Dose 2	1 month after the 1 st dose	before commencing employment
Dose 3	3 months after the 1 st dose	
Blood test check	1 month after the 3 rd dose	within 6 months of employment

Please refer to the enclosed Occupational Assessment, Screening and Vaccination Program Form (Form 188) and attach as much evidence of immunisation as possible to this form. You may wish to consult your local doctor for further assistance.

If you have any questions about the above information please contact the Infection Control Officer, Kate Hipsley, or Paramedic/vaccinator Jo Rogerson on telephone (02) 9320 7868.

Yours sincerely

MishKaa Griffiths
Manager Operational Recruitment



Occupational Assessment, Screening & Vaccination Program Verification Form

Name	Date of Birth	Contact Phone Numbers
		Home:
		Mobile:

*Category A staff, volunteers, clinical placement students, "ride-a-longs" and other clinical personnel must be protected/screened against the following infectious diseases before contact with at risk client (patient) groups.

WRITTEN EVIDENCE MUST BE SECURELY ATTACHED TO THIS FORM and verified by the Service's Infection Control Officer (or delegate) before placement. Acceptable evidence includes serological results or copies of vaccination records from service providers (statutory declarations are not included).

DISEASE(S)	EVIDENCE REQUIRED	Staff use only
Diphtheria, tetanus, pertussis	One documented dose of adult diphtheria/tetanus/pertussis vaccine (dTpa or Boostrix brand).	
Hepatitis B	Documented evidence of a completed, age appropriate, course of hepatitis B vaccine and documented evidence of anti-HBs > or = 10mIU/mL; or documented evidence of past hepatitis B infection (anti-HBc). (Vaccine non-responder status is acceptable.)	
Measles, mumps, rubella	Birth date before 1966; or documented evidence of 2 doses of MMR vaccine at least one month apart; or documented evidence of positive IgG for measles, mumps and rubella.	
Varicella (chickenpox)	History of chickenpox; or documentation of physician diagnosed shingles; or documented evidence of a positive varicella IgG; or documented evidence of age appropriate varicella vaccination.	
TB (tuberculosis)	All persons will need to be screened for TB (to exclude active TB and establish baseline TB status) by local Chest Clinic/Area Health Service Accredited TST Provider.	
Annual influenza vaccination is strongly recommended for all staff.		

Staff use only			
	Evidence Verified	Evidence Not Verifiable	Comments
Signature			
Date			

*Category A - Contact with clients or contact with blood, body substances or infectious material