



Expression of Interest for Employment

This document does not constitute an offer of employment.
Offers of employment are solely based on current business needs and requirements.

Applicant Personal Information

Surname		Given Name	
Address			
Suburb		Postcode	
Phone Number		Email	

Position Details

Employment Category Applying for:

- | | |
|--|---|
| <input type="checkbox"/> Patient Transport Officer | <input type="checkbox"/> Ambulance Attendant |
| <input type="checkbox"/> Registered Nurse - Division 1 | <input type="checkbox"/> Registered Nurse – Critical Care |

Employment Type Requested:

- | | |
|------------------------------------|---------------------------------|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Casual |
|------------------------------------|---------------------------------|

Employment Start Date and Availability Comments:

Do you understand that rostered shifts are 24 hours a day, seven days a week and can you meet this requirement as well as reasonable overtime? Yes No

Full Time staff are rostered 38 hours per week over various shifts that run 24/7.

For **Casual** employees, you may choose to accept or decline to work. The offer of casual employment does not provide a commitment for advanced, ongoing casual employment nor is casual employment regarded as a regular or systematic pattern.

Are you flexible and able to undertake shifts at short notice? Yes No

Qualification Type

Select qualifications currently held:

- | | |
|---|---|
| <input type="checkbox"/> Cert III NEPT / Cert IV Healthcare | <input type="checkbox"/> Bachelor (Paramedicine) |
| <input type="checkbox"/> Diploma (Paramedicine) | # Clinical Placement Hours Completed _____ |
| <input type="checkbox"/> Bachelor of Nursing | <input type="checkbox"/> AHPRA Registration (RN or Paramedic) |

Details of Current Employment:



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Mandatory Employment Requirements

National Police Check (Issued by accredited ACIC body within 6 months)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Working With Children Check (Employment Version)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Valid Full Victorian Drivers Licence If No, Expected date of attainment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Full Immunisation Results (Serology AND Vaccination Evidence) (See requirements table below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Completed Pre-Employment Health Check (signed by G.P.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand and have the ability to undertake all tasks of the position which also includes a requirement to operate (lift and load) manual type stretchers	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Pre-Employment Health Check

This questionnaire relates to the inherent requirements of the position applied for and only assesses current ability to perform the related duties whilst satisfying Health and Safety obligations. The Function History section needs to be carried out and signed by your authorised General Practitioner. The stated G.P. may be contacted if there is any clarification or further information required in regards to your Pre-Employment Health Check.

Please be advised that the s.41(subsection 2) of the Workplace Injury Rehabilitation and Compensation Act 2013(VIC) will apply to any failure to disclose or making false or misleading disclosure.

Please be advised that the consequential effect of failure to disclose will be your disentitlement to compensation.

These answers are not the sole criterion used to make recruitment decisions and no discrimination will be made against prospective employees with disabilities, impairment or illness. The questionnaire is confidential to PSV and will not be released to other parties without prior consent unless otherwise required by law.

Do you agree to undertake the Pre-Employment Health Check and understand the conditions stipulated above?

Yes No

Previous Work-Related Injuries

Do you suffer from pre-existing injuries and/or diseases that could be affected by the nature of the proposed employment.

Yes No

If Yes, provide the following details:

What part of the body was injured?

What year did the injury occur?

Did you return to usual capacity of employment after the injury? Yes No

Has the injury been aggravated since returning to work? Yes No



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Function History (G.P. to complete)

Does the candidate have any pain or discomfort when lifting or handling heavy objects? Yes No

Does the candidate have any knee pain when squatting or kneeling? Yes No

Does the candidate have any back pain when bending forward or twisting? Yes No

Does the candidate have any pain when doing any of the following for prolonged periods:

Walking Yes No Standing Yes No

Sitting Yes No Squatting Yes No

Kneeling Yes No Bending Yes No

Does the candidate have any pain when gripping or squeezing objects? Yes No

Does the candidate have any difficulties operating mobile phones or computerised equipment? Yes No

Does the candidate have any difficulties travelling in a vehicle for longer than 20 minutes? Yes No

Is there any reason why the candidate cannot wear safety or protective equipment? (eg. gloves, gowns, safety glasses etc) Yes No

Do you anticipate that the candidate will require assistance, in the form of specific aids or task modification, in order to undertake the essential components of the position applied for? Yes No

Does the candidate have any ongoing medical conditions? Yes No

If yes to any of the above please provide further information:

G.P. Declaration

I declare that the answers and information given in this questionnaire are true and correct to the best of my knowledge and I have not willingly omitted any information.

Printed Name : _____

Clinic Name : _____

Signed : _____

Provider Number : _____

Date : _____

Phone Number : _____



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Candidate Declaration

I declare that the answers and information given in this questionnaire are true and correct to the best of my knowledge and I have not willingly omitted any information.

Printed Name : _____

Signed: _____

Date: _____

Please return completed form to hr@psvamb.com.au

Serology and Vaccination Evidence

Pathogen	Status	Requirement
Section A – Mandatory Requirements		
1. Hepatitis B	At least 3 vaccinations followed by immunity confirmed by serology	Evidence of at least 3 vaccinations; AND copy of results of immune status (blood test – Hepatitis B Surface Antibody)
2. Varicella (chicken pox)	Completed course or Confirmed immunity	Evidence of 2 doses of Varicella vaccine; or results of blood test demonstrating immunity to Varicella
3. Pertussis	Booster within 10 years	Evidence of most recent booster of Pertussis containing vaccine during adulthood (maximum 10 years)
4. Measles / Mumps / Rubella	Born before cut-off; or Completed course; or Confirmed immunity.	Were you born in Australia before 1966? YES / NO If NO : evidence of 2 doses of Measles/Mumps/Rubella vaccination; or Results of blood test demonstrating immunity to Measles, Mumps and Rubella (all 3)
5. Covid-19	Current vaccine	Digital Certificate showing all 3 doses.
6. Influenza	Current vaccine	Evidence confirming the most recent year's vaccine
Section B - Recommended		
7. Tetanus	Last booster	Proof of most recent booster
8. Meningococcal	Completed course	Proof of completion of Meningococcal vaccine course
9. Hepatitis A	Completed course	Proof of completion of Hepatitis A vaccine course



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Patient Transport personnel	Minimum qualifications
Patient Transport Officer (PTO)	Successful completion of Certificate III in NEPT PTO or equivalent.
Ambulance Transport Attendant (ATA)	<p>Successful completion of a Diploma of Paramedical Science ATA</p> <p>Evidence of 400 substantiated hours of supervised clinical practice by a suitable individual as set out in the NEPT Regulations 2016.</p>
Alternate Qualifications	<p>a. Qualified ambulance paramedic; or</p> <p>b. Successful completion of a Diploma of Paramedical Science; or</p> <p>c. Successful completion of a Bachelor of Health Science (Paramedic) degree; and must meet all other registration requirements for Non-Emergency.</p> <p>d. Any qualifications that are deemed suitable by the NEPT Regulations 2016 and satisfy AV's operational scope requirements (must source approval from AV)</p> <ul style="list-style-type: none"> • Must operate in accordance with NEPT Regulations 2016 and CPPs.
Clinical Instructor	<p>Successful completion of a certificate level IV Training and Assessment qualification</p> <p>Meets the criteria specified in the NEPT Regulations 2016.</p>
Division 1 Registered Nurse	<p>RN1 Nurse</p> <p>Maintains Nursing Registration with the Australian Health Practitioner Regulation Agency.</p>