



WEBSITE EMPLOYMENT APPLICATION FORM

Nursing Home Where Applying: _____

Position Details

Position Applied For Date

I found out about the position through:

Newspaper Advertisement please specify _____ Staff Member _____
On-line Advertisement please specify _____ Other _____

Personal Details

Family Name Given Names

Date of Birth Sex: Male Female

Address Postcode:

Telephone numbers: Home Mobile

Languages Spoken

Contact in case of an emergency: Name

Address
Phone No

Are you an Australian Resident? YES NO (If yes: please provide Passport details, below)
If No: Do you have a current work permit? YES NO (Provide Passport and Visa details, below)

Passport Number: _____ Expiry _____ Visa Number: _____ Expiry _____

Nursing Qualifications

Certificates Held	Training Hospital	Training Period	
		From	To
General Nursing			
Geriatric Cert.			
Midwifery Cert.			
Psychiatric Cert.			
Enrolled Nursing			
Certificate III Aged Care			
Other			

Current Registration Number (s):

Hours of Experience:



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Other Qualifications

Qualification	Institution where Received	Date Received

Employment History

Employer	Classification / Title	Employment Period	
		From	To

Have you been previously employed by Thompson Health Care? YES (give details) NO

Date employed from	Date employed to	Reason for leaving

Have any of your relatives ever been employed by Thompson Health Care? YES NO

Have you ever had a work related injury or medical condition? YES (give details) NO
Have you ever filed a workers compensation claim? YES (give details) NO

Preferred Referees

Name	Organisation	Phone No.
1		
2		
3		

I certify that the information given in this application form is correct in every detail.
I agree my employment is subject to a satisfactory criminal reference check. I understand that I am responsible for obtaining and providing this check upon commencement of my employment.
I accept that if I have given any false information I shall be liable to have my services terminated.
I give Thompson Health Care permission to check with my former employers any information relevant to my application.
I give permission for Thompson Health Care to contact any of my past employers for a reference.
As a condition of my employment I agree to comply with the safety rules and procedures and the safe working practices required by Thompson Health Care.

Signed: _____ Date: _____

Print Name: _____



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Please fax or mail your completed application directly to the relevant Thompson Health Care Nursing Home or email to the Human Resources Manager, hr@thc.net.au

The Abbey

Range Road
Mittagong NSW 2575
Phone: (02) 4871 1085
Fax: (02) 4872 4093
DON: Elizabeth Jenkins

Harley Nursing Home

7 Illiliwa Street
Cremorne NSW 2090
Phone: (02) 9953 1915
Fax: (02) 9953 4374
DON: Celedonia Laverty

Bowral House

Kangaloon Road
Bowral NSW 2576
Phone: (02) 4861 2622
Fax: (02) 4861 6882
DON: Diane Viset

Milford House

2-4 Milford Street
Randwick NSW 203
Phone: (02) 9398 3659
Fax: (02) 8398 2568
DON: Trish Rochford

Mona Vale House

33 Bassett Street
Mona Vale NSW 2103
Phone: (02) 9910 7900
Fax: (02) 9910 7950
DON: Margaret Goodson

Tarragal Nursing Home

107 Karalta Road
Erina NSW 2250
Phone: (02) 4365 5066
Fax: (02) 4365 5085
DON: Sue Warby

Terrey Hills Nursing Home

42 Booralie Road
Terrey Hills NSW 2084
Phone: (02) 9450 1719
Fax: (02) 9450 1227
DON: Suzanne Hobart

Turrumurra House

34 Curagul Road
Turrumurra NSW 2074
Phone: (02) 9144 2444
Fax: (02) 9983 0937
DON: Alison Hogan

Wahroonga Nursing Home

31 Pacific Highway
Wahroonga NSW 207
Phone: (02) 9489 1796
Fax: (02) 9989 8347
DON: Melissa Yan

Avalon House

14 Johns Street
Avalon NSW 2107
Phone: (02) 9910 7900
Fax:
DON: Sandy Matthews