

Gateway Health Pre-Employment Disclosure

All applications submitted to Gateway Health must include the following:

- Resume
- Key Selection Criteria
- Gateway Health Pre-Employment Disclosure

Position Applying For

Applicants Details

First Name

Surname

Contact Number

Email

Are you an Australian Citizen?

Yes No

If not, do you have Permanent Australian Residency Status?

Yes No

Have you worked for Gateway Health before?

Yes No

Education/Qualification Details

Certificate III Certificate IV Diploma Degree Masters Doctorate (PhD) Graduate Certificate Graduate Diploma

Name of Institution

Year of Completion

Evidence Included in Application?

Yes No

Health & Safety Declaration

(Declaration of Medical or Health Conditions does not preclude you from being considered for Employment with Gateway Health)

Are you aware of any medical or health related condition that could affect your performance or abilities to perform the inherent requirements of the position you are applying for, or be exacerbated by the work that you will be required to perform?

Yes, Please Specify No

If you are currently suffering, or have suffered from a past injury or illness, or have a disability are there any arrangements and modifications Gateway Health could provide to enable you to carry out the requirements of the position safely and effectively?

Yes, Please Specify No

Multiple workplace disclosure form

I declare that Gateway Health Ltd will be my sole place of employment

(If my circumstances change during my employment with Gateway Health I am aware I will need to complete a new disclosure form)

I declare that I will have multiple work premises (see details below)

Organisation/ Business Name	Address	Business Type	Role/Position	Days/Hours

Do you see working across multiple organisations/businesses as a conflict of interest?

No Yes – Please Provide Details below

COVID Vaccination Status

All health workers are required to be fully vaccinated for COVID-19, meaning you need to have received three doses or have an approved medical contraindication certificate. If successful in your job application you will be required to provide a record of your COVID-19 vaccination status. Have you received three doses of the COVID vaccination or hold an approved medical contraindication?

Yes No

Pre-Commencement E-Learning

If successful, you will be required to complete some on-line training prior to commencement. The e-learning is estimated to take approximately 2 ½ to 3 hours to complete. Are you able to meet this requirement?

Yes No

Background Checking

It is a requirement of employment to have a satisfactory National Police Check (& or international where relevant) completed prior to commencement. Are you able to meet this requirement?

Yes No

Do you have any disclosable outcomes to declare that may appear on your National Police Check?

Yes, Please Specify No

It is a requirement of employment to hold a valid Working with Children Check (WWCC) and for some programs a National Disability Insurance Scheme Check (NDISC). Do you currently hold a WWCC and NDISC (if relevant) or are you prepared to obtain such check/s?

Yes No

If held, VIC WWCC Card No.		Expiry	
If held, NSW WWCC Card No.		Expiry	
If held, NDIS Check No.		Expiry	
Copy Included with Application?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Professional References

(Please Provide Details of 2 Work based Referee, Current Employer Preferred)

Name		Name	
Position		Position	
Relationship		Relationship	
Contact No.		Contact No.	
Work No.		Work No.	

Declaration

I confirm that the information provided is true and complete. I acknowledge that any false or misleading information may be cause for rejection or this application, or if employed, dismissal.

I further acknowledge that failure to disclose a medical or health condition may compromise my entitlements to WorkCover benefits in the event of a reoccurrence, aggravation, exacerbation or deterioration of a pre-existing injury or disease arising out of, or due to employment with Gateway Health.

I consent to Gateway Health seeking verbal or written information about me from my referees detailed within this application.

I understand that the information provided within this application will be treated confidentially, and will only be used in relation to the application of this specific position.

Applicants Full Name <small>(Please Print)</small>			
Signature		Date	