**Application For Employment**

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| Position Applied for: | | Medical Receptionist | | | | | | | | | |
| Identified Position: Australian Aboriginality is a genuine occupational requirement under Section 14 of the Anti-Discrimination Act 1977 (NSW). (See **SECTION 5**) | | | | | | | | | | |  Yes  No |
| Gender Specific: Gender is a genuine occupational requirement under Section 31 of the Anti-Discrimination Act 1977 (NSW). (See **SECTION 1**) | | | | | | | | | | |  Yes  No |
| Employment type | |  Full time | | | |  Part time | | | | |  Casual |
| **As a Community Controlled organisation, Galambila strongly encourages people of Aboriginal and Torres Strait Islander background, women, people with disability or with culturally** **and** **linguistically** **diverse** **backgrounds to apply for positions** | | | | | | | | | | | |
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| **SECTION 1: PERSONAL INFORMATION** | | | | | | | | | | | |
| Full Name |  | | | | | | | | | | |
| *Alias/Former Name(s)* |  | | | | | | | | | | |
| Address |  | | | | | | | | | | |
| Contact numbers  (Home & Mobile) |  | | | | | | | | | | |
| Email Address |  | | | | | | | | | | |
| Gender |  Male | | | | | |  Female | | | | |
| Do you identify as being of Aboriginal or Torres Strait Islander background/descent? | | | | | | | | | |  Yes  No | |
| Do you identify as having a disability? | | | | | | | | | |  Yes  No | |
| Are you an Australian permanent resident or citizen? | | | | | | | | | |  Yes  No | |
| Where did you see the position advertised | | | | | | | |  | | | |
| **SECTION 2: REFEREES** | | | Referee 1 | | | | | Referee 2 | | | |
| Name | | |  | | | | |  | | | |
| Title | | |  | | | | |  | | | |
| Organisation | | |  | | | | |  | | | |
| Contact Details (Tel/Mob) | | |  | | | | |  | | | |
| Email address | | |  | | | | |  | | | |
| **SECTION 3: EMPLOYMENT DETAILS** | | | | | | | | | | | |
| **Current Employment** | | | | | | | | | | | |
| Employer: | | | | Position: | | | | | Dates (from/to): | | |
| Please briefly describe your duties | | | | | | | | | | | |
| **Previous Employment (start with most recent)**  **Please use a separate sheet if needed** | | | | | | | | | | | |
| Employer: | | | | Position: | | | | | Dates (from/to): | | |
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| **SECTION 3: EDUCATION** | | | | | | | | | | | |
| Name of provider: | | | | Level of education: | | | | | Dates attended from/to): | | |
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| **SECTION 4: TRAINING** | | | | | | | | | | | |
| Please list training/courses attended | | | | | | | | | | | |
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| **SECTION 5: IDENTIFIED POSITION** | | | | | | | | | | | |
| You will need to provide information to demonstrate your Aboriginality | | | | | | | | | | | |
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| **SECTION 6: DETAILS TO SUPPORT YOUR APPLICATION** | | | | | | | | | | | |
| Please use this section to support your application by telling us about you, what you have done and what you would like to do in the future. (Please use further sheets if needed) | | | | | | | | | | | |
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| **SECTION 7: DECLARATION** | | | | | | | | | | | |
| I certify that to the best of my knowledge that the information given in this application form is correct. | | | | | | | | | | | |
| Signature: | | | | | Date: | | | | | | |