

## Application For Casual Employment - Galambila Aboriginal Health Service

Position Applied for:	<b>Casual Register</b>		
Identified Position: Australian Aboriginality is a genuine occupational requirement under Section 14 of the Anti-Discrimination Act 1977 (NSW). (See <b>SECTION 5</b> )	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Gender Specific: Gender is a genuine occupational requirement under Section 31 of the Anti-Discrimination Act 1977 (NSW). (See <b>SECTION 1</b> )	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Employment type			<input checked="" type="checkbox"/> Casual
<b>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</b>			

<b>SECTION 1: PERSONAL INFORMATION</b>			
Full Name			
Alias/Former Name(s)			
Address			
Contact numbers (Home & Mobile)			
Email Address			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Do you have a current driver's licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Licence Class: _____ Expiry date: _____
Do you identify as being of Aboriginal or Torres Strait Islander background/descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you identify as having a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you an Australian permanent resident or citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Where did you see the position advertised			
<b>SECTION 2: REFEREES</b>	Referee 1	Referee 2	
Name			
Title			
Organisation			
Contact Details (Tel/Mob)			
Email address			

**SECTION 3: EMPLOYMENT DETAILS**

**Current Employment**

Employer:	Position:	Dates (from/to):
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Please briefly describe your duties

**Previous Employment (start with most recent)  
Please use a separate sheet if needed**

Employer:	Position:	Dates (from/to):

**SECTION 4: EDUCATION**

Name of provider:	Level of education:	Dates attended from/to):

**SECTION 5: TRAINING**

Please list training/courses attended

**SECTION 6: IDENTIFIED POSITION\* (\*Australian Aboriginality is not a requirement of the Casual Register)**

You will need to provide information to demonstrate your Aboriginality

**SECTION 7: 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)

**SECTION 8: DECLARATION**

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

Signature:

Date: