



**APPLICATION FORM**  
**Enrolled Nurse – Transition to Practice**

**Send your application to:**  
Onboarding & Support Specialist  
31 Alma Road  
St Kilda Vic 3182

**First Name:** \_\_\_\_\_  
**Surname:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Suburb/Town:** \_\_\_\_\_  
**Postcode:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_  
**Email address:** \_\_\_\_\_

**TAFE/University:** \_\_\_\_\_  
**Completing Qualification:** \_\_\_\_\_ (month, year)  
**Site Preference:** 1. \_\_\_\_\_ (Please see enclosed map or visit  
2. \_\_\_\_\_ [www.rdns.com.au](http://www.rdns.com.au) for site locations)  
3. \_\_\_\_\_

**Please ensure the following are attached to your application:**

- Letter of application (1 page maximum)                       Two recent clinical assessments  
 Concise resume, including nursing placements               Certified transcripts of results to date  
 Names and contact numbers of two nursing referees

Have you worked for RDNS previously?  Yes  No

If yes, where? \_\_\_\_\_ Position: \_\_\_\_\_ Which year did you leave? \_\_\_\_\_

Have you undertaken a clinical placement with RDNS during your studies?  Yes  No

If yes, where? \_\_\_\_\_ When (month, year)? \_\_\_\_\_

Do you speak another language in addition to English?  Yes  No

If yes, please specify: \_\_\_\_\_

At what level do you speak the above:

Minimum Comprehension/Expression  Yes  No

Satisfactory Comprehension/Expression  Yes  No

Expert in Comprehension/Expression  Yes  No

Would you be willing to use your language skill in practice?  Yes  No

**AUSTRALIAN CITIZEN/RESIDENT**

Are you an Australian or NZ citizen or permanent resident?  Yes  No

If no, do you hold a valid work permit?  Yes  No

**HUMAN RESOURCES USE ONLY**

Entered on spreadsheet  Shortlisted  Yes  No

Interview date \_\_\_\_\_ Time \_\_\_\_\_

Unsuccessful  Successful (dependant upon reference checks)

Applicant advised by: \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

**RDNS COMMITMENT TO WORK HEALTH & SAFETY AND INJURY MANAGEMENT**

RDNS aims to be an influential leader in work health safety and injury management.

RDNS is committed to providing staff, students, clients, contractors, and visitors with a safe and healthy environment.

RDNS strives to fully integrate health and safety into all aspects of its activities;

- to protect the health and safety of its workers
- to improve safety outcomes in workplaces
- to reduce compliance costs of business, and
- to improve efficiency for regulator agencies

Injury management is about ensuring the prompt, safe and durable return to work of an injured worker, which includes:

- treatment of the injury
- rehabilitation back to work
- retraining into a new skill or new job
- management of the workers compensation claim
- the employment practices of the employer

Everyone involved is required to cooperate and participate in injury management, including the employer, injured worker, insurer, treating doctor and all treating practitioners.

An employee’s entitlement to compensation for any recurrence, aggravation, acceleration, exacerbation or deterioration of a pre-existing injury or disease may be forfeited if the employee fails to make a disclosure or provides false or misleading information regarding pre-existing injuries and/or diseases.

According to relevant employee awards and agreements, an employee’s entitlement to accident make-up pay may be forfeited if the employee provides false or inaccurate information being deliberately and knowingly declared in relation to compensation claims made in the previous 5 years.

In order to retain the entitlements to compensation and accident pay, we ask you to provide details of any pre-existing injuries and/or diseases which might adversely affect your capacity to carry out your employment, now or in the future, as detailed in the “Position Description” and “Statement of Physical Aspects of Employment” provided by Royal District Nursing Service.

**Do you have any pre-existing injuries and/or diseases**  Yes  No

**If yes, please complete the table below**

Date of Injury/Disease	Nature of Injury/Disease	Name of employer	Date of Workcover Claim	Period of Incapacity

**Are there any other circumstances, health impairments or medications that you are taking that might adversely affect your capacity to carry out employment?**  Yes  No

**If yes, please specify:** \_\_\_\_\_

*Please note that an offer of employment may be dependant upon a statement from a medical practitioner confirming your fitness for duties.*

**DECLARATION**

I confirm that the information given on this form is, to the best of my knowledge, true and complete. I acknowledge that any false statement may be sufficient cause for rejection or, if employed, summary dismissal.

I understand that all intellectual property rights created by me (whether alone or jointly) as a result of my employment/consultancy with the Royal District Nursing Service shall belong to the Royal District Nursing Service. In this context, “intellectual property rights” means all intellectual property of whatever nature including patents, designs, trade marks and applications for any of the foregoing, copyrights, drawings, know-how, technology and expertise. If required by the Royal District Nursing Service I will execute appropriate documentation acknowledging ownership by the Royal District Nursing Service and waiving any claim to proprietorship.

I have been advised that if appointed to a position with R.D.N.S. that a probationary period will apply.

I understand that Police checks will be conducted for all new staff in accordance with the recommended processes of the Department of Human Services. On-going employment is dependent upon a satisfactory outcome to the Police check, determined if necessary by the Chief Executive Officer. All information will be handled in the strictest confidence.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RDNS PRIVACY NOTE**

“We collect your personal and health information for the purpose of you applying for employment with RDNS and matters associated with your application. If you do not wish to provide your information it may affect our ability to assess your application. We may disclose your information to any third parties who conduct checks or investigations for RDNS or to satisfy RDNS contractual or legal obligations.

RDNS complies with the Commonwealth Privacy Act and relevant state legislation. Our Information Privacy Policy Statement details how your information is collected, used, disclosed, stored and managed at RDNS; how you may access and correct that information; how you may complain about a suspected breach of your privacy by RDNS, and how RDNS will respond. For a copy of the statement phone us on 1300 33 44 55 or visit [www.rdns.com.au](http://www.rdns.com.au). RDNS does not ordinarily disclose personal or health information to any person outside Australia. However, if we do, RDNS will comply with the requirements of privacy legislation regarding overseas disclosure.”