



INTERN APPLICATION FOR EMPLOYMENT

Name (full legal name):			
Preferred Name:			
Address:			
Suburb:		Postcode:	
Telephone:			
Email address:			

Position applied for:					
Preferred location:					
Availability:	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Date available to start:					
Ability to work overtime:	<input type="checkbox"/> Yes <input type="checkbox"/> No (Ordinary hours of work are between 7am & 7pm)				
Leave plans:	Month / Dates:		Duration:		
Area of study/major (degree)					
Expected completion date (of study)					
Australian citizen or permanent resident? (If you are successful, you will be required to provide documentation)	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you hold a valid work permit / visa? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please give details or attach a copy of your passport and/or visa: Visa Type: Expiry Date:				
Do you hold a valid Working With Children Check?	<input type="checkbox"/> Yes <input type="checkbox"/> No (you will need to obtain a WWC if you are successful within your first 3 months of employment)				



MEDICAL HISTORY AND OH&S

Deakin University Student Association Inc. (DUSA) is a responsible employer committed to discharging its obligations under the Occupational Health and Safety Act 2004 (Vic). At times work with DUSA can be physically demanding, and not all persons are suited to this type of work.

Examples of physical activity which staff may be required to perform include lifting, bending down or reaching up to multi-level shelving, twisting, carrying and transferring equipment to another area, and exposure to different indoor and outdoor weather environments (hot and cold). More specific details of these requirements are included in the position description which has been provided to you and we ask you to consider them carefully. Workers with prior history of physical illness or injury may be at risk of developing further illness or injury at work. Accordingly, it is important that DUSA have accurate details of your prior relevant medical history and capacity.

You may not be entitled to workers compensation under the Workplace Injury and Rehabilitation Compensation Act 2013 (Vic) if you do not disclose or provide false or misleading information to DUSA about a pre-existing injury or disease of which you are aware and can reasonably foresee could be affected by the nature of the employment you are seeking. This includes any foreseeable risk of any recurrence, aggravation, acceleration, exacerbation or deterioration of a pre-existing injury or disease.

Accordingly we ask you to provide details of any pre-existing injuries and/or diseases which may adversely affect your capacity to carry out the duties of the position now or in the future, as detailed in the 'Position Description' and 'Statement of Physical Aspects' provided by DUSA and answer the following questions.

Do you have any existing or pre-existing injuries, conditions and/or diseases that may affect your ability to carry out the duties of the position?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details?
Are there any circumstances, health impairments, regular medical treatments or medications that you are taking that may adversely affect your capacity to carry out the duties of the position?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details?
Can you foresee that any recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing injury or disease you have might occur if you perform the duties and inherent requirements of the position?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details?
Are there any other matters concerning how your health may be impacted by performing the inherent requirements of the position for which you are applying about which you wish to inform DUSA	

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



REFERENCES (if possible, please provide at least two professional references – supervisor or manager)

Contact name	Company name	Relationship	Contact Numbers

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 or misleading statement may make me ineligible for employment or, if employed, liable to disciplinary action which may include dismissal. I understand that if I am offered employment with DUSA a six month probationary period will apply.

I have reviewed the position description and statement of physical aspects of the position I am seeking with DUSA in this application and understand the health requirements which are specified for that position. I acknowledge that DUSA has advised me that if I fail to disclose or give misleading information about a pre-existing condition, injury or disease I have which I foresee may be adversely affected by performing the duties of the position it may mean that I am not entitled to workers compensation under the Workplace Injury Rehabilitation and Compensation Act 2013 (Vic).

Signature			
Name		Date	