

Mr. Mrs. Ms Miss Dr Prof (please tick)

FIRST NAME: _____ SURNAME: _____

POSITION APPLIED FOR: _____

PROFESSIONAL QUALIFICATION (Title, Year & Month of Initial Registration): _____

ACTUAL ADDRESS: _____ POST CODE _____

POSTAL ADDRESS (if different from actual): _____

TELEPHONE CONTACT:

(H) _____ (B) _____ (M) _____

EMAIL ADDRESS: _____

EMERGENCY CONTACTS: 1. Name: _____ Ph No; _____

Relationship _____

2. Name: _____ Ph No: _____

Relationship _____

DATE OF BIRTH: _____

ARE YOU AN AUSTRALIAN RESIDENT? YES NO

SPECIALTY EXPERIENCE: _____

PRESENT EMPLOYER: (Name & State) _____

FROM: _____ TO: _____ POSITION: _____

DUTIES: _____

AVAILABILITY / NOTICE REQUIRED: _____

PREFERENCE IN LOCATION: (Choose one or more)

- Rural _____
- Metropolitan _____
- Remote _____
- Community _____
- Specific Locations (State, if known) _____

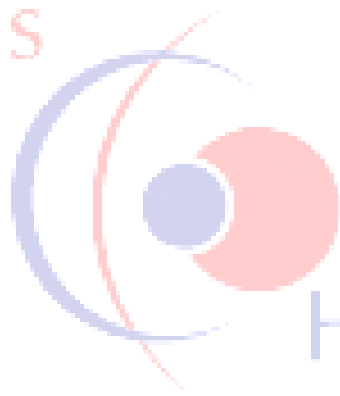
WHERE DID YOU HEAR ABOUT CHARIS HEALTH SERVICES? _____

ALL APPLICANTS TO READ AND SIGN THE STATEMENT BELOW

I believe the above to be true and correct and give permission for information to be submitted to perspective employers:

Signature: _____ Date: _____

Charis



Health Services



Confidential Banking Details

P.O Box 749 Gosnells WA 6990
E-Mail: charis@yahoo.com.au
Tel: 94528900 Fax: 94528922

Full Name:	
Bank Name:	
Branch Name:	
Branch Code (BSB):	
Account Number:	
Your Personal Email Address:	
<p>I take full responsibility that the above account number and details that I have provided are correct and understand that Charis Health Services takes no responsibility if the above details are incorrect.</p>	
Signature: _____	Date: _____

Office Use Only

Candidate Number:	
Commencement Date:	
Division:	
Consultant:	
Date Entered Payroll:	

Confirmation Email Sent:	
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Pre-Placement Health Questionnaire

PLEASE NOTE

All Information Disclosed in This Questionnaire is
 Strictly Private and Confidential

1. APPLICANT'S PARTICULARS

1.1	Surname	1.2	Given Names
1.3	Date of Birth	1.4	Country of Birth
1.5	Other languages	1.6	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
1.7	Category of work		

2. APPLICANT'S MEDICAL PROFILE

Do you suffer from?

- | | | | |
|------|---|------------------------------|-----------------------------|
| 2.1 | Bronchitis, wheezing or other lung disorders | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.2 | Allergies, hay fever or sinus troubles | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.3 | Skin rashes, eczema, dermatitis or psoriasis | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.4 | Varicose veins, hernia | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.5 | Asthma; epilepsy | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.6 | Mental illness, nervous disorders; depression | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.7 | Diabetes | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.8 | Do you have any conditions including shoulder, neck or joint injuries?
Strains, arthritis, gout or disorders which restrict your ability to lift and carry | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.9 | Any eye or ear disorders that could affect you in caring for patients | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.10 | Any other medical or surgical problems that could prevent you from
Performing the duties or put patients or other staff at risk | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.11 | Are you currently being treated by any doctor for any illness | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.12 | If you have answered YES to any of these questions, please give details: | | |

.....

- | | | | |
|------|--|------------------------------|-----------------------------|
| 2.13 | Do you suffer from back pain or had any back problem which restrict
You from lifting, moving or carrying any person or object | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|------|--|------------------------------|-----------------------------|

If you have answered YES, please answer the following:

- | | |
|--------|---|
| 2.13.1 | What was the location and type of pain? |
| 2.13.2 | How long did you have the pain? |
| 2.13.3 | What was the original cause of it? |
| 2.13.4 | What movement aggravated it?..... |

How long since you experienced these symptoms?.....

- | | | | |
|------|--|------------------------------|-----------------------------|
| 2.14 | Do you have, or have you ever had a workers compensation claim
following a motor vehicle accident, work accident or any other accident? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|------|--|------------------------------|-----------------------------|

If you have answered YES, please answer the following:

2.14.1	When and how did the injury occur?.....		
2.14.2	What injury did you sustain?		
2.14.3	How much time off work did you require?		
2.14.4	Did you successfully complete a rehabilitation programme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.14.5	Has this claim been finalised?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

3. INFECTIOUS DISEASES

Please tick the appropriate box if you have had any of the following diseases:

MEASLES <input type="checkbox"/>	HEPATITIS B <input type="checkbox"/>	HEPATITIS C <input type="checkbox"/>	HERPES SIMPLEX <input type="checkbox"/>
TUBERCULOSIS <input type="checkbox"/>	CHICKEN POX <input type="checkbox"/>	MUMPS <input type="checkbox"/>	GERMAN MEASLES <input type="checkbox"/>

4. IMMUNISATIONS

Have you been immunised against:

• Tuberculosis (BCG)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Hepatitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• German Measles (Rubella)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

DECLARATION

I certify the above statements are true and I authorise my private doctor to supply any additional information that may be required in connection with any sickness or accidents for which he/she has treated me.

I AM AWARE THAT IF ANY STATEMENTS ABOVE ARE PURPOSELY MISLEADING THAT THIS MAY RENDER MY WORKERS COMPENSATION COVER INVALID and LEAD TO THE IMMEDIATE TERMINATION OF MY EMPLOYMENT.

Signature Date

(Of applicant)

Signature Date

(Of witness)

Section 79 of the Workers Compensation and Assistance Act 1981 gives the Workers Compensation Board discretion to refuse to award compensation which would otherwise be payable where it has proved that the worker has at the time of seeking or entering employment, wilfully or falsely represented him/herself as not having previously suffered from the disability, the subject of the claim for compensation.

Dear

Casual Employment Contract

You have sought casual employment with Charis Health Services ABN 81 984 246 720 . These are the terms and conditions (hereinafter referred to as "this Contract") that apply in relation to any casual employment offered to you by Charis Health Services.

As you know, the nature of Charis Health Services' business is that it employs people on a casual basis to carry out assignments ("Assignments") for its clients ("Clients"). The nature of your casual employment with Charis Health Services is therefore uncertain and largely driven by Client demands that may fluctuate daily. In entering into this Contract you accept the need for Charis Health Services to have flexibility in relation to the term and nature of Assignments.

Please sign and date the attached copy of this Contract below and return it to us.

1 APPLICATION OF CONTRACT AND TERM

1.1 Charis Health Services may offer to employ you to perform services for Clients on Assignments from time to time.

2 CASUAL EMPLOYMENT AND ASSIGNMENTS

2.1 You are a casual employee and this contract of employment shall come into existence in relation to each separate Assignment with Charis Health Services.

2.2 Charis Health Services gives no guarantee of any, or any minimum number of, Assignments, and you have no entitlement to available Assignments, or any preference in relation to Assignments.

2.3 Charis Health Services shall endeavour to give you reasonable notice of an offer of an Assignment. An Assignment may be rostered on any days of the week.

2.4 When offering any Assignment to you Charis Health Services will advise you of the remuneration payable including the hourly rate of pay and, where applicable, rates of overtime and allowances. These may vary between Assignments.

2.5 Any offer of an Assignment is subject to, and the days of work, hours and length of the Assignment are determined by, the Client's requirements from time to time. Therefore, although you may accept an Assignment, and be informed of the expected days of work, hours and length of the Assignment, these are not guaranteed. Accordingly, Charis Health Services' withdrawal of an Assignment before it is commenced, alteration to the days an Assignment is rostered, or shortening or lengthening of an Assignment, in accordance with the Client's requirements, do not amount to termination of your employment by Frontier Health Services.

3 PAYMENT CONDITIONS

3.1 Timesheets

(a) You must ensure you complete and sign your timesheet ensuring that you complete all parts applicable to you.

~~(e)~~(b) You must produce timesheets for authorisation and signature to the person at the Client to whom you report, or such other representative of the Client approved by Charis Health Services.

3.2 Overtime

You must notify Charis Health Services prior to working overtime as requested by the facility.

3.43.3 No Work, No Pay

You will not be paid for any day or part of a day that you cannot be usefully employed by Charis Health Services.

4 OTHER REMUNERATION MATTERS

4.1 Method of Payment

Charis Health Services will, by electronic fund transfer, direct credit to your bank on alternate Thursday, in respect of all timesheets received by Charis Health Services no later than midday on the preceding Monday. Public Holidays may delay this transaction.

4.2 Superannuation

Charis Health Services will make Superannuation contributions on your behalf in accordance with applicable legislation.

4.3 Taxation

Charis Health Services will deduct Taxation from your remuneration in accordance with the Australian Taxation Office PAYE Rates.

5 PERFORMANCE OF ASSIGNMENTS

- 5.1 You must comply with all lawful and reasonable instructions given by Charis Health Services and the Client and carry out all duties within your competence and ability including to assist in the instruction of employees of the Client.
- 5.2 You must comply with time limits and standards set at the beginning of the Assignment, and generally perform Assignments faithfully, carefully, efficiently and according to Charis Health Services' and the Client's standards.
- 5.3 You may not, during an Assignment, in any capacity (whether as employee, contractor or otherwise), engage or be concerned in any undertaking that will prejudice or interfere with your obligations under this Contract.
- 5.4 You must observe and comply with the rules, regulations and policies of Charis Health Services and the Client.
- 5.5 You must not at any time do anything contrary to the interests of Charis Health Services or the Client, or which does or may bring Charis Health Services or the Client into disrepute or cause loss or damage to Charis Health Services or the Client.
- 5.6 You must not perform Assignments under the influence of intoxicating liquor or any drug (except a drug administered by, or taken in accordance with the directions of, a person lawfully authorized to administer the drug), or illegally be in possession of any drug, while at any place where you are required to perform an Assignment.
- 5.7 You must not make any personal telephone calls outside break times or lunch. You may provide Charis Health Services' contact telephone number, but not the Client's number, to personal and business associates. Charis Health Services will relay business related or emergency calls to you.

6 CONFIDENTIALITY

- 6.1 You acknowledge that Confidential Information concerning:
 - (a) Charis Health Services belongs to Charis Health Services; and
 - (b) The Client belongs to the Client.
- 6.2 You must keep the Confidential Information confidential both during the Term and after its expiry.
- 6.3 For the purposes of this contract "Confidential Information" of the Client or Charis Health Services includes, without limitation, all their trade and business secrets, the identity of and information about their clients, officers, employees and agents, the contents of this Contract, the terms and conditions of any Assignment offered to you, or any information of a commercial, operational, marketing, business, technical or financial nature concerning them, their business and clients whether in written, electronic or other form, including all copies of such

information, but excluding information which reaches the public domain other than by breach of this Contract by you.

7 PROBLEMS/CONCERNS WITH THE ASSIGNMENT

- 7.1 You shall direct to Charis Health Services, rather than the Client, any questions, problems or concerns with the Assignment.
- 7.2 You shall liaise with Charis Health Services, rather than the Client, concerning extended lunch hours, rates of pay, expected late arrivals, illness, holidays and time off for permanent job interviews.

8 INABILITY TO COMPLETE OR CONTINUE AN ASSIGNMENT

You must notify Charis Health Services or cause Frontier Health Services to be notified, as soon as possible and in any event (unless there are exceptional circumstances preventing such notice), 24 hours prior to the time you are required to commence work on the next day of the Assignment, if you are unable to commence or continue an Assignment.

9 NO ENTITLEMENT TO LEAVE

You are engaged on a casual basis and accordingly you have no entitlement to any paid annual or sick leave.

10 WORKERS' COMPENSATION

Charis Health Services will take out appropriate workers compensation insurance to satisfy its obligations under applicable legislation.

11 WORKING ATTIRE

Uniforms can be purchased from Charis Health Services.

1312 WORKING VISA

You may be required at any time during the Term to supply your passport number and evidence of your right to work in Australia.

1413 RESTRAINT ON OTHER SERVICE TO CLIENTS

After the completion of any Assignment for a Client, you must not accept an offer to be Engaged by that Client to provide the same or similar services to those you performed during that or any previous Assignment with that Client, for a period of up to 12 months from the end of that Assignment, unless:

- a) For any offer you receive within the first 3 months of the 12 month period, you obtain Charis Health Services' prior approval to accept the Engagement or Charis Health Services places you in that Engagement.

1514 MISREPRESENTATION

You must not intentionally make any untrue statement in relation to Charis Health Services or the Client, or make any misrepresentation about any Assignment, at any time whether during the Term or after its expiry.

1615 TERMINATION

~~16.415.1~~ The termination (howsoever caused) of an Assignment does not affect the operation of this Contract, and the termination (howsoever caused) of this Contract does not terminate any Assignments you are performing when this Contract terminates.

~~16.215.2~~ You may terminate this Contract by giving 5 working days notice in writing to Frontier Health Services.

~~16.315.3~~ Charis Health Services may terminate this Contract by written or verbal notice of termination to take effect immediately from the notice being issued.

16.415.4 You will deliver all documents in your possession or under your control containing Confidential Information, and any other property in your possession or control belonging to Charis Health Services or the Client, to (as applicable):

- (a) The Client at the end of any Assignment;
- (b) Charis Health Services upon termination or expiry of this Contract; and
- (c) The Client or Charis Health Services at any time upon demand by either of them

17.16 MEDICAL

You will undergo medical tests, at your own expense, if requested by Frontier Health Services for the purpose of determining your ability to perform any Assignment safely and competently.

18.17 OPERATION OF AWARDS

Where Charis Health Services is bound by an award and the award covers employment in the position occupied by you during an Assignment, whilst the award continues to be binding on Charis Health Services, the terms of the award shall apply to your employment independently of the contractual terms of the Assignment (including the terms set out in this Contract), and are not to be incorporated or implied as contractual terms of the Assignment.

19.18 SET-OFF

The payments referred to in this Contract and as agreed in relation to each Assignment, are paid in satisfaction of and take into account all aspects of your employment including hours of work that may be required of you. In the event that you are or become entitled to any amounts pursuant to statute or an industrial instrument including, without limitation, an award, order or a registered agreement issued by an industrial tribunal, commission or authority, Charis Health Services may apply all or part of those payments in full or part satisfaction of those amounts.

20.19 SAFETY

You will comply with all relevant legislation, codes of practice and the Client's safety policies as amended from time to time and this includes complying with the *Occupational Health and Safety Act 1984*, the *Mines Safety and Inspection Act 1994* and the *Mines Safety and Inspection Regulations 1995* as appropriate.

21.20 GENERAL TERMS

21.420.1 Survival of Terms

Notwithstanding any provision of this Contract, clauses 6, 14, 15, 16 and 19 survive the termination of any Assignment, this Contract, or both, (howsoever caused) and shall continue in full force and effect.

21.320.2 Assignment

This Contract and the rights and benefits of you under this Contract are personal to you and may not be transferred, assigned, pledged or encumbered by you.

21.420.3 Governing Law

This Contract shall be governed by and interpreted in accordance with the law of the State of Western Australia.

21.620.4 Entire Agreement

This Contract, together with the terms agreed in relation to each Assignment represents the entire agreement between Charis Health Services and you.

If you have any queries regarding any aspect of this Contract, please do not hesitate to contact us.

Yours faithfully

Recruitment Consultant

I, (your name) _____ have read and understood this Contract and agree to be bound by it. I acknowledge that my employment with Charis Health Services is casual, and as such I have:

- (a) No guarantee of any, or any minimum number, of Assignments; and
- (b) No right to any paid annual or sick leave.

Your Signature: _____

Date: _____



Commonwealth of Australia
STATUTORY DECLARATION
Statutory Declarations Act 1959

1 *Insert the name, address and occupation of person making the declaration*

I,¹

make the following declaration under the *Statutory Declarations Act 1959*:

2

2 *Set out matter declared to in numbered paragraphs*

1 I declare that (place a tick or cross in the applicable box):

Since turning 16 years of age, I have been a citizen or permanent resident of a country / countries other than Australia

Since turning 16 years of age, I have never been a citizen or

permanent resident of a country / countries other than Australia

2 I declare that I have never been:

A) Convicted of murder or sexual assault; or

B) Convicted of, and sentenced to imprisonment for, any other form of assault.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

3 *Signature of person making the declaration*

3

4 *Place*
5 *Day*
6 *Month and year*

Declared at ⁴ _____ on ⁵ _____ of ⁶ _____

Before me,

7 *Signature of person before whom the declaration is made (see over)*

7

8 *Full name, qualification and address of person before whom the declaration is made (in printed letters)*

8

Note 1 A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the *Statutory Declarations Act 1959*.

Note 2 Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959* — see section 5A of the *Statutory Declarations Act 1959*.

A statutory declaration under the *Statutory Declarations Act 1959* may be made before—

(1) a person who is currently licensed or registered under a law to practise in one of the following occupations:

Chiropractor	Dentist	Legal practitioner
Medical practitioner	Nurse	Optometrist
Patent attorney	Pharmacist	Physiotherapist
Psychologist	Trade marks attorney	Veterinary surgeon

(2) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or

(3) a person who is in the following list:

Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)
Bailiff

Bank officer with 5 or more continuous years of service

Building society officer with 5 or more years of continuous service

Chief executive officer of a Commonwealth court

Clerk of a court

Commissioner for Affidavits

Commissioner for Declarations

Credit union officer with 5 or more years of continuous service

Employee of the Australian Trade Commission who is:

- (a) in a country or place outside Australia; and
- (b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and
- (c) exercising his or her function in that place

Employee of the Commonwealth who is:

- (a) in a country or place outside Australia; and
- (b) authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and
- (c) exercising his or her function in that place

Fellow of the National Tax Accountants' Association

Finance company officer with 5 or more years of continuous service

Holder of a statutory office not specified in another item in this list

Judge of a court

Justice of the Peace

Magistrate

Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*

Master of a court

Member of Chartered Secretaries Australia

Member of Engineers Australia, other than at the grade of student

Member of the Association of Taxation and Management Accountants

Member of the Australasian Institute of Mining and Metallurgy

Member of the Australian Defence Force who is:

- (a) an officer; or
- (b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service; or
- (c) a warrant officer within the meaning of that Act

Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants

Member of:

- (a) the Parliament of the Commonwealth; or
- (b) the Parliament of a State; or
- (c) a Territory legislature; or
- (d) a local government authority of a State or Territory

Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*

Notary public

Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public

Permanent employee of:

- (a) the Commonwealth or a Commonwealth authority; or
- (b) a State or Territory or a State or Territory authority; or
- (c) a local government authority;

with 5 or more years of continuous service who is not specified in another item in this list

Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made

Police officer

Registrar, or Deputy Registrar, of a court

Senior Executive Service employee of:

- (a) the Commonwealth or a Commonwealth authority; or
- (b) a State or Territory or a State or Territory authority

Sheriff

Sheriff's officer

Teacher employed on a full-time basis at a school or tertiary education institution