

# gradplus APPLICATION FORM

## PERSONAL DETAILS

Family Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Phone (home) \_\_\_\_\_ (mobile) \_\_\_\_\_ (work) \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you legally entitled to work in Australia?  Yes  No

Please indicate:  Australian Citizen

Permanent Resident

Temporary Resident Work Permit # \_\_\_\_\_ Expiry Date \_\_\_\_\_

## GRADPLUS PROGRAM APPLIED FOR

52 weeks general acute nursing

52 weeks mental health

52 weeks midwifery

26 week Division 2 program (commences September 2008)

Full Time

Part Time \_\_\_\_\_ days / fortnight  
(minimum 6 days / fortnight)

If successful with your application, would you be able to commence gradplus in  August 2008 ?

Feb 2009 ?

Sept (Div 2) 2008 ?

Yes

No

If no, preferred start date? \_\_\_\_\_

As a participant on the gradplus program you are required to work shift work ie. morning, evening, nights and weekends. Is there any reason that you would not be able to undertake this requirement?

Yes (give details as below)

No

Details: \_\_\_\_\_

## AREAS OF CLINICAL INTEREST (for acute streams choose up to 3 only)

Cardiac

Gynaecology

HDU

Medical

ICU

Oncology

Othopaedics

Plastics

Psychiatric

Surgical

Women's Health

Others (please specify) \_\_\_\_\_

**PREFERED HOSPITAL**

Any Metropolitan Hospital

Any Regional Hospital

**OR**

Albert Road Clinic

Peninsula Private

Beleura Private

Shepparton Private \*

Donvale Rehabilitation

The Avenue Private

Frances Perry House

Wangaratta Private

Glenferrie Private

Warringal Private

Linacre Private

Waverley Private

Mitcham Private

Albury Wodonga Private

Masada Private

Mildura Base \*

\* You must use the computer match program (VPGMC) and send your application when applying to this facility

**COMPLETE THE FOLLOWING STATEMENTS**

My short-term career goals are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My long-term career goals are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to be considered for a position in  because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where did you hear about ? \_\_\_\_\_

Have you been to a Ramsay Health Care hospital for clinicals? Yes / No

If yes, where? \_\_\_\_\_

**Attachments**

- Curriculum Vitae
- Letter of Application
- Academic Transcript
- Last 2 Clinical Reports
- Passport Sized Photo (name on reverse)

**SEND YOUR APPLICATIONS TO**

Liz Spaul  
Victorian Workforce Planning Coordinator  
**Ramsay Health Care**  
Level 8/417 St Kilda Road  
MELBOURNE VIC 3004

**Closing Date - Monday 30<sup>th</sup> June 2008**