

Job Application Form

Please complete this form by providing all information and supporting documents. All details collected will be kept **CONFIDENTIAL** and will only be used for employment purposes.

PERSONAL DETAILS

First Name: _____

Last Name: _____

Mobile number: _____

Email address: _____

Residential Address: _____

Date of Birth: _____

ABN Number: _____

AHPRA Registration number: _____

Prescriber number: _____

Are you an Australian Citizen or Permanent Resident? Yes No

Do you have full working rights to work in Australia? Yes No

Are you currently restricted by the "10-year moratorium"? Yes No
If Yes, when will the moratorium ends?

VACANCY DETAILS

Position applied for: Consultant Psychiatrist

Delivery mode: Face-to-face Telehealth

Earliest start date: _____

Which working days are you applying for? Monday Tuesday Wednesday

Thursday Friday

(Please note a minimum of 2 days commitment per week is required)

REFERENCES

Please provide details of 2 References. Reference check may be conducted legally and all information will remain confidential.

I understand and agree that Mind Oasis Clinic may contact the referrer I have provided below for reference check purposes. I confirm that the References below agreed to be contacted by Mind Oasis Clinic for reference check purposes.

Reference 1

Company Name: _____

Contact Person Name: _____

Email Address: _____

Mobile Number: _____

Position: _____

Reference 2

Company Name: _____

Contact Person Name: _____

Email Address: _____

Mobile Number: _____

Position: _____

SPECIALITY CHECKLIST

Patient Type

What is the youngest patient you would accept: _____ year old

What is the oldest patient you would accept: _____ year old

Which of the below medical conditions would you accept: (please ✓ or ×)

- Adult ADHD
- Anxiety Disorder
- Autistic Spectrum Disorder
- Bipolar Disorder
- Chronic Pain
- Dementia
- Depression
- Dissociative Disorder
- Drug and Alcohol
- Eating Disorder
- Intellectual Disability
- OCD
- Old age Psychiatry
- Perinatal
- Personality Disorder
- PTSD
- Schizophrenia

Any other conditions you would accept:

Any other conditions you would not accept:

SUPPORTING DOCUMENT CHECKLIST

Please provide the below mandatory supporting documents:

- 1. Driver License
- 2. Australian Passport or Foreign Passport with Australian Visa
- 3. Certificate of Education Qualifications
- 4. Employment evidence in the past 3 years
- 5. AHPRA Certificate of Registration
- 6. RANZCP Fellowship Certificate
- 7. Resume

DECLARATION

By submitting this application, I am declaring all statements in the application to be true and correct to the best of my knowledge, at the time it was submitted. I acknowledge that the information I am providing will be relied on in assessing my application and that, if I am appointed to this position, any significant information that is found to be false or misleading may make me liable for disciplinary action including possible dismissal.

APPLICANT SIGNATURE

DATE
