

Name	
Date of Birth	
Passport #	
Current Location	

Do you have current AHPRA registration?

Yes (if yes, kindly send a copy of the certificate in PDF) _____
 No - If your answer is no, when do you expect your AHPRA registration? _____

Do you have any dependants?

Yes - Please specify age/s of dependants and relationship _____
 No _____

Do you have current Australian visa?

Yes – Please specify visa type and expiry date:

 No _____

Do you have current work rights in Australia?

Yes – Please specify: _____
 No _____

Do you have driver's licence?

Yes – Please specify what type: _____
 No – are you willing to learn? _____

Do you have a visa requirement?

Yes – Please specify what type: _____
 No – _____

Who referred GP Doctors Australia to you?

HEALTH DECLARATION

Do you have a medical condition or disability which may affect your ability to carry out your proposed work?

Please note: This information is part of employment screening process and will remain confidential.

Yes – Please specify: _____

No _____

BACKGROUND CHECK

Have you ever been convicted of a crime or are you presently under indictment or awaiting trial on a crime?

Please note: This information is part of employment screening process and will remain confidential.

Yes – Please specify: _____

No _____

Have you ever been refused of an Australian visa application?

Please note: This information is part of employment screening process and will remain confidential.

Yes – Please specify: _____

No _____

WORK EXPERIENCE SUMMARY

This information is required only to verify your eligibility for sponsorship and/or which visa type is applicable to you.

Total number years of experience (as Registered Nurse): _____

If you have gaps in employment, please state below and include reason.

Please list below summary of your work experience:

Inclusive Dates of Employment	Organisation	Department and Position Held	Total Length of Stay (number of years and months)	
			# of Years	# of Months

