



## OVERSEAS APPLICATION FOR EMPLOYMENT

Please email completed Application Form to Raeleen Garner - [garnerr@ramsayhealth.com.au](mailto:garnerr@ramsayhealth.com.au)  
OR Fax completed Application Form to Fax No: 61 7 3394 7674

### PERSONAL DETAILS

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / 19...

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

Email address: \_\_\_\_\_ Do you have Australian residency: Yes  No

Are you registered to practice as a RN or Midwife in Australia: Yes  No  If yes, which State(s): \_\_\_\_\_

List any other countries where you hold current registration: \_\_\_\_\_

### CLINICAL SPECIALTY PREFERENCE

Please nominate your three preferred areas of nursing (ie Midwifery, Medical, Surgical, Critical Care, Theatre etc).

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### AUSTRALIAN LOCATION PREFERENCE

Please nominate your three preferred locations in Australia (can list specific cities, States or desired area such as coastal, city or regional)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### NURSING & TERTIARY QUALIFICATIONS

Qualification:	_____	Institution:	_____
Qualification:	_____	Institution:	_____
Qualification:	_____	Institution:	_____
Qualification:	_____	Institution:	_____

### REFEREES

Please supply three work related referees with one being your most recent employer. The referees nominated must have previously supervised your clinical practice. **N.B. Referees will only be contacted after interview unless otherwise advised.**

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Email address: \_\_\_\_\_ Phone Contact: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Email address: \_\_\_\_\_ Phone Contact: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Email address: \_\_\_\_\_ Phone Contact: \_\_\_\_\_

### EMPLOYEE REFEREE CONSENT

Do you consent to Ramsay Health Care discussing the information contained in your application with the referees listed? Yes  No

**SPONSORSHIP FOR VISA**

Will you be seeking sponsorship for temporary residency in Australia (ie. 457 visa)? Yes  No

Are you interested in remaining in Australia permanently (ie. will you be seeking permanent residency at some stage in the future)? Yes  No

Will you be bringing any dependants with you to Australia? Yes  No

Have you passed the Occupational English Test (OET) or the International English Language Testing System (IELTS) English tests? Yes  No

When do you anticipate relocating to Australia? \_\_\_\_\_

**EMPLOYEE HEALTH AND CHARACTER RECORD**

Have you ever been convicted or charged of a crime or offence in any country? Yes  No   
 If yes please explain: \_\_\_\_\_

Do you have any health related problems that may affect your performance as a nurse? Yes  No   
 If yes please explain: \_\_\_\_\_

Have you in the past or are you presently suffering any of the following?

Back injury / condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shoulder and or neck injury / condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wrist and or elbow injury / condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Knee and or ankle injury / condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Injury sustained from motor vehicle accident	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Injury sustained from sporting activities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A condition likely to result in transmission of infection to others	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered yes to any of the above, could you please give details below: \_\_\_\_\_

**PHYSICAL ASSESSMENT**

Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_

Do you have difficulty with any of the following activities? Please answer yes or no.

Running 100 metres	Yes <input type="checkbox"/> No <input type="checkbox"/>	Crouching	Yes <input type="checkbox"/> No <input type="checkbox"/>
Walking on rough ground?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sitting for two hours?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Kneeling	Yes <input type="checkbox"/> No <input type="checkbox"/>	Lifting or bending?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Standing for two hours	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gripping firmly with both hands?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Turning your head rapidly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reading ordinary print?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Concentrating on what you are doing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hearing a normal conversation?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered yes to any of the above, could you please give details / comments. \_\_\_\_\_

**CLINICAL SKILLS ASSESSMENT**

Please circle the number that accurately describes your level of expertise for the skills listed.  
 LEVELS OF PROFICIENCY: 1 No experience 2 Limited 3 Moderate 4 Expert

Skill	Experience	Comments or if completing online, use this column to record level of proficiency
<b>ASSESSMENTS</b>		
Adult Nursing Assessment	1 2 3 4	
Auscultation of breath sounds and bilateral air entry	1 2 3 4	
Auscultation of bowel sounds	1 2 3 4	
Psychosocial interview	1 2 3 4	
Discharge management	1 2 3 4	

<b>GENERAL NURSING SKILLS</b>				
Blood glucose monitoring	1	2	3	4
Sputum culture collection	1	2	3	4
MSU collection	1	2	3	4
24 hr Urine collection	1	2	3	4
Universal/Standard precautions	1	2	3	4
Aseptic dressing technique	1	2	3	4
No lift skills	1	2	3	4
Adult CPR	1	2	3	4
Paediatric CPR	1	2	3	4
<b>CARDIOVASCULAR</b>				
NIBP (non invasive blood pressure) monitors	1	2	3	4
Advanced life support: - Defibrillation/ Intubation/Medications	1	2	3	4
Basic interpretation of ECG and Setup of 12 lead ECG	1	2	3	4
Assessment of Patient with acute angina in ward area	1	2	3	4
Care of Abdominal Aortic Aneurysm/Vascular Surgery,	1	2	3	4
Management of Angioplasty/Angiogram patients	1	2	3	4
Management of temporary pacemaker	1	2	3	4
Management of CABG, AVR/MVR, Lobectomy, VAT, Thoracotomy	1	2	3	4
Removal of pacing wires/cardiac drains	1	2	3	4
Use of Doppler	1	2	3	4
Use of IABP (intra aortic balloon pump)	1	2	3	4
Observations pre and post angiography	1	2	3	4
Neurovascular observations	1	2	3	4
<b>MEDICATION ADMINISTRATION /PARENTAL THERAPY</b>				
Administration of schedule 8 drugs	1	2	3	4
Administration of IV medications	1	2	3	4
Calculation of IV infusion rates and drug doses	1	2	3	4
Insertion of intravenous cannula / Venepuncture	1	2	3	4
Operation of infusion and syringe and PCA pumps	1	2	3	4
Management of Blood and blood products	1	2	3	4
Management of PIC catheter	1	2	3	4
Management of Portacath Groshong	1	2	3	4
Management of Central venous catheter	1	2	3	4
Management of Epidural and intrathecal therapy	1	2	3	4
<b>RESPIRATORY</b>				
Manual ventilation technique with mask	1	2	3	4
Administration of nebulisers	1	2	3	4
Peak flow monitoring	1	2	3	4
Care of chest drains and under water seal apparatus	1	2	3	4
Care of patients pre/post bronchoscopy	1	2	3	4
Oxygen Therapy	1	2	3	4
Setup of ventimask/use of non rebreather mask	1	2	3	4
Care of a ventilated patient	1	2	3	4
Care of a patient requiring BiPAP,CPAP	1	2	3	4
Operation of mechanical ventilators	1	2	3	4
Incentive spirometry	1	2	3	4
Tracheostomy management	1	2	3	4
<b>GENERAL SURGICAL</b>				
Care of patients following gynaecological surgery	1	2	3	4
Removal of vaginal packs	1	2	3	4
Management of vacuum, abdominal, pig tail drains	1	2	3	4
Suture/Staple removal	1	2	3	4
Stoma care and education of patients	1	2	3	4
Use of vacuum assisted wound closure	1	2	3	4
Enteral tube feeding/Total Parenteral Nutrition	1	2	3	4
Nasogastric tube management	1	2	3	4
Care of PEG tube	1	2	3	4
Assessment of pain level & acute pain management	1	2	3	4
Setup of kidney and liver biopsy, bone marrow, pleural aspiration	1	2	3	4
Abdominal paracentesis	1	2	3	4
Emergency treatment of hyper/hypoglycaemia	1	2	3	4
Care of patients with infectious diseases	1	2	3	4
<b>NEUROLOGICAL NURSING</b>				
Glasgow Coma Scale	1	2	3	4
Assessment of sensory and motor function	1	2	3	4
Pre/post craniotomy care	1	2	3	4
Management of Epilepsy	1	2	3	4
Signs of increased intracranial pressure	1	2	3	4
Setup and assist for Lumbar Puncture	1	2	3	4
<b>HEAD AND NECK/ENT</b>				
Management of patients undergoing eye surgery	1	2	3	4
Management of cataract surgery patient	1	2	3	4
Management of Radical neck resection	1	2	3	4
Management of Mandibular osteotomy/mastoid surgery	1	2	3	4
Management of Adult tonsillectomy/ Laryngectomy	1	2	3	4
Removal of nasal packing	1	2	3	4
<b>ORTHOAEDICS</b>				
Management of patients in traction and application of skeletal traction.	1	2	3	4
Assessment of circulation and sensation	1	2	3	4

Plaster cast (POP) observation	1	2	3	4	
Management of Total hip and knee replacement (single/bilateral)	1	2	3	4	
Insertion of internal fixators eg pin and plate	1	2	3	4	
Management of Spinal fusion/laminectomy	1	2	3	4	
Management of Shoulder surgery	1	2	3	4	
Management of ventricular drains	1	2	3	4	
<b>RENAL/UROLOGY</b>					
Management of Renal transplant patients	1	2	3	4	
Management of Nephrectomy	1	2	3	4	
Management of Radical prostatectomy /TURP	1	2	3	4	
Management of Penile prosthesis insertion	1	2	3	4	
Management of Renal calculi treatments	1	2	3	4	
Urethral/meatal dilatation	1	2	3	4	
Care of haemodialysis patients CVVHD or CVVHDF	1	2	3	4	
Management and assessment of AV fistula	1	2	3	4	
Female and Male catheterisation	1	2	3	4	
Peritoneal dialysis	1	2	3	4	
Care of Supra-pubic catheter	1	2	3	4	
Management of Nephrostomy tube	1	2	3	4	
Management and education of patient with ileal conduit	1	2	3	4	
Use of a bladder scanner	1	2	3	4	
<b>ONCOLOGY</b>					
Management of Cytotoxic therapy	1	2	3	4	
Apheresis procedures, Plasma exchange, White blood cell depletion	1	2	3	4	
Stem cell collection -	1	2	3	4	
Care of neutropenia patient	1	2	3	4	
Care of thrombocytopenic patient	1	2	3	4	
Care of palliative patient	1	2	3	4	
<b>PERIOPERATIVE</b>					
Knowledge of basic surgical procedures	1	2	3	4	
<b>Surgical Scrub Skills</b>					
Cardiothoracic	1	2	3	4	
Ear, Nose and Throat	1	2	3	4	
General/Laparoscopic	1	2	3	4	
Gynaecology	1	2	3	4	
Neuro/Spinal	1	2	3	4	
Ophthalmology	1	2	3	4	
Oral & Maxillofacial	1	2	3	4	
Orthopaedic	1	2	3	4	
Pain Management	1	2	3	4	
Plastic	1	2	3	4	
Urology	1	2	3	4	
Vascular	1	2	3	4	
<b>Post Anaesthetic Care Skills</b>					
Monitor basic and complex vital signs	1	2	3	4	
Airway management	1	2	3	4	
Surgical procedures, dressings, drains	1	2	3	4	
Advanced pain management techniques and equipment	1	2	3	4	
Knowledge of appropriate response to emergency in PACU	1	2	3	4	
<b>Anaesthetics</b>					
Knowledge of pre-medication & patient pre-operative prep	1	2	3	4	
Knowledge of anaesthetic drugs, application and action	1	2	3	4	
Airway management	1	2	3	4	
Use and care of anaesthetic monitoring equipment	1	2	3	4	
Knowledge of possible anaesthetic complications	1	2	3	4	
Knowledge of response in anaesthetic emergency situations	1	2	3	4	
<b>MENTAL HEALTH</b>					
Mental State assessment	1	2	3	4	
Risk assessment (violence/self harm/suicide)	1	2	3	4	
<b>Electroconvulsive Therapy</b>					
• Pre, peri & post treatment care	1	2	3	4	
• Treatment in theatre setting	1	2	3	4	
Dual Diagnosis (drug/alcohol & mental illness)	1	2	3	4	
Close observations (1:1, 15/60)	1	2	3	4	
<b>Management of a patient with:</b>					
• Eating disorder	1	2	3	4	
• Psychosis	1	2	3	4	
• Mania	1	2	3	4	
• Depression	1	2	3	4	
• First episode psychosis	1	2	3	4	
Psychiatric care planning	1	2	3	4	
Psychiatric Intensive Care Unit	1	2	3	4	
Mental Health Act 1996 (Australia)	1	2	3	4	
Outcome data collection	1	2	3	4	
Psychopharmacology	1	2	3	4	
Therapeutic relationships	1	2	3	4	
Group therapy	1	2	3	4	
Family/carer support	1	2	3	4	

**DECLARATION**

I declare that the information I have given you is true and correct and I have not withheld any relevant information you should be aware of when considering whether to employ me. If successful at interview, I agree to undertaking a medical examination prior to commencement.

I understand that if I am employed this application and my resume will become a permanent document of my personnel file. If I am not successful in obtaining employment this document will be stored securely and then destroyed after three (3) months.

I sign this declaration to confirm I have read and agreed to the above conditions. Submission by email constitutes acceptance of these terms.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please Fax completed application form to Raeleen Garner on Fax: 61 7 3394 7674  
or email to: [garnerr@ramsayhealth.com.au](mailto:garnerr@ramsayhealth.com.au)**