

**APPLICATION FORM**

**CHIEF EXECUTIVE OFFICER**

 **BELLARINE COMMUNITY HEALTH LTD**



**[Complete the yellow sections in the form below]**

**Summary Details**

|  |  |  |
| --- | --- | --- |
| Name:  |  |  |
| Postal address:  |  |  |
| Mobile:  |  |  |
| Confidential Email:  |  |  |
| How did you learn about this job? |  |  |

**Educational background (use the tab key to add sections if required)**

|  |  |  |
| --- | --- | --- |
| Qualification |  |  |
| Institution |  |  |
| Year conferred |  |  |
| Qualification |  |  |
| Institution |  |  |
| Year conferred |  |  |
| Qualification |  |  |
| Institution |  |  |
| Year conferred |  |  |
| Qualification |  |  |
| Institution |  |  |
| Year conferred |  |  |
| Qualification |  |  |
| Institution |  |  |
| Year conferred |  |  |
| Qualification |  |  |
| Institution |  |  |
| Year conferred |  |  |

**Professional Registrations/Memberships**

|  |  |  |
| --- | --- | --- |
| Professional body |  |  |
| Registration/membership type |  |  |
| Registration/membership number |  |  |
| Professional body |  |  |
| Registration/membership type |  |  |
| Registration/membership number |  |  |

**Most recent professional experience**

|  |  |  |
| --- | --- | --- |
| Organisation:  |  |  |
| Title:  |  |  |
| Reported to: (position)  |  |  |
| Dates:  |  |  |
| Budget responsibility: ($ p.a.)  |  |  |
| Direct staff reports: (EFT no.)  |  |  |
|  |  |  |
| Organisation:  |  |  |
| Title:  |  |  |
| Reported to: (position)  |  |  |
| Dates:  |  |  |
| Budget responsibility: ($ p.a.)  |  |  |
| Direct staff reports: (EFT no.)  |  |  |
|  |  |  |
| Organisation:  |  |  |
| Title:  |  |  |
| Reported to: (position)  |  |  |
| Dates:  |  |  |
| Budget responsibility: ($ p.a.)  |  |  |
| Direct staff reports: (EFT no.)  |  |  |

**Pre-Requisite Selection Criteria**

|  |  |  |
| --- | --- | --- |
| AHPRA nursing registration |  | Yes/No |
| Relevant tertiary qualifications and technical qualifications |  | Yes/No |
| Drivers Licence |  | Yes/No |
| Police check (if applicable) |  | Yes/No |
| Working with Children check (if applicable) |  | Yes/No |