



Division of Clinica Internationale Pty. Ltd. ABN 360 0497 9882

CARER AND NURSE REGISTRATION FORM

FAMILY NAME:

FIRST/GIVEN NAMES:

ADDRESS:

PHONE (HOME): MOBILE:

EMAIL ADDRESS:

DRIVERS LICENCE NUMBER: OWN CAR? YES/NO

QUALIFICATIONS:

-
-
-

PRACTICAL WORK EXPERIENCE:

-
-
-

TYPE OF WORK SOUGHT:

-
-
-

HOURS AND DAYS OF WORK PREFERRED:

-
-
-

LENGTH OF EMPLOYMENT CONTRACT SOUGHT:

3 MONTHS/ 6 MONTHS /12 MONTHS /OTHER

RATE OF PAY REQUIRED: HOURLY \$----- WEEKLY \$-----

AREA OF WORK PREFERRED:

- SPECIAL ACCOMODATION FACILITY
- PRIVATE HOMES
- HOSPITAL
- HOSTEL
- AGED CARE FACILITY
- CHILD CARE FACILITY
- OTHER (please indicate)

Signed: Date: -----/-----/-----