



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:

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- 
- 

PRACTICAL WORK EXPERIENCE:

- 
- 
- 

TYPE OF WORK SOUGHT:

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- 
- 

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: -----/-----/-----