

### A.C.E.S APPLICATION PACKAGE CHECKLIST

Please tick once completed:

- |  |                          |
|--|--------------------------|
| Application form                       | <input type="checkbox"/> |
| Work details                           | <input type="checkbox"/> |
| Notice of Employment                   | <input type="checkbox"/> |
| Payroll details                        | <input type="checkbox"/> |
| Criminal record screening consent form | <input type="checkbox"/> |
| Tax File Number declaration            | <input type="checkbox"/> |

#### For your information:

**A.C.E.S** staff are paid weekly (Tuesday) by EFT

Deferred payment options are available

Super is paid quarterly (preferably into HESTA)

Super is paid by **A.C.E.S** if you earn more than \$450 per calendar month.

**APPLICATION FORM**

**Personal Details**

Date of birth:
Title:
Surname:
Given name:
Number & Street:
Suburb:
Postcode:
First phone contact:
Second phone contact:
Fax number:
Email address:

**Next of Kin Details**

Name:
Relationship:
First phone contact:

**Professional Qualification Details**

Qualification	Institution	Date completed

**Previous Employment Details**

Place	Position held	From/To Date

**Compulsory Reference Details**

Name	Position held	Contact

**Registration Details**

Category / Grade	Expiry	Provided proof?

**Competency Details**

Skill	Date attained	Provided documents?
Advanced Life Support/Basic Life Support		
Fire and Safety		
Manual Handling		
Aggression Management		

**MRSA Clearance Details**

Date of swab	Result	Provided document?

**Health Declaration Details**

**Do you or have you ever suffered from:**

**Please tick if yes:**

- Back or neck pain
- Shoulder or joint pain
- Depression
- Any other illness or injury

If you ticked yes for any of the above, please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you currently under medical treatment for:**

**Please tick if yes:**

- Back or neck pain
- Shoulder or joint pain
- Depression
- Any other illness or injury

Condition	Medication

**Have you been immunised for:**

Please tick if yes:

Tuberculosis	<input type="checkbox"/>	Influenza	<input type="checkbox"/>
BCG	<input type="checkbox"/>	Varicella	<input type="checkbox"/>
Mantoux	<input type="checkbox"/>	Pertussis	<input type="checkbox"/>
Diphtheria / Tetanus (ADT)	<input type="checkbox"/>	Poliomyelitis	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>		
Rubella	<input type="checkbox"/>		

**Evidence of immunisation is required**

**Health Declaration**

**I declare that I have no knowledge of any condition that would hinder my ability to conduct safe and effective workplace practices for A.C.E.S Nursing Agency.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Workers Compensation & Motor Vehicle Claims Details**

**Have you ever made a work related claim?**

Please tick if yes:

- Injury claim
- Accident claim
- Motor vehicle claim
- Any other illness or injury claim

Injury	Date of claim	Completely recovered?

### Application Form Declaration

Section 79 of the Workers Compensation and Rehabilitation Act 1981 states “where it is proved that the worker has at the time of entering employment in respect of which he / she claims compensation for disability, wilfully and falsely represented himself / herself as not having previously suffered from the disability a dispute resolution body may in its discretion refuse to award compensation which otherwise would be payable”.

**Please initial this box as indication of acknowledgement.** \_\_\_\_\_

**I declare that all information I have provided in this application form is, to the best of my knowledge, true and correct. I acknowledge and understand that any misrepresentation or withholding of information may prejudice my employment by A.C.E.S Nursing Agency.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### WORK DETAILS

Competency/Ward Preferences		
<input type="checkbox"/> General	<input type="checkbox"/> ED	<input type="checkbox"/> Psychiatric
<input type="checkbox"/> Neonatal	<input type="checkbox"/> Gynaecology	<input type="checkbox"/> Psych Special
<input type="checkbox"/> Aged Care	<input type="checkbox"/> HDU	<input type="checkbox"/> Recovery
<input type="checkbox"/> Balloon Pump	<input type="checkbox"/> Immunisation	<input type="checkbox"/> Schools
<input type="checkbox"/> BIPAP	<input type="checkbox"/> ICU Vent Comp	<input type="checkbox"/> Scrub Scout
<input type="checkbox"/> Cath lab	<input type="checkbox"/> ICU Non-Vent	<input type="checkbox"/> General Surgical
<input type="checkbox"/> CCU	<input type="checkbox"/> General Medical	<input type="checkbox"/> Theatre
<input type="checkbox"/> Chemo	<input type="checkbox"/> Midwifery	<input type="checkbox"/> Trachy
<input type="checkbox"/> Child Health	<input type="checkbox"/> Neurology	
<input type="checkbox"/> CPAP	<input type="checkbox"/> Oncology	
<input type="checkbox"/> Delivery Competent	<input type="checkbox"/> Orthopaedics	
<input type="checkbox"/> Dialysis	<input type="checkbox"/> Paediatrics	
<input type="checkbox"/> Drug & Alcohol	<input type="checkbox"/> PICU	

Public Hospital Preferences		
<input type="checkbox"/> Armadale	<input type="checkbox"/> Kaleeya	<input type="checkbox"/> Royal Perth
<input type="checkbox"/> Bentley	<input type="checkbox"/> King Edward Memorial	<input type="checkbox"/> RPH – Shenton Park
<input type="checkbox"/> Fremantle	<input type="checkbox"/> Osborne Park	<input type="checkbox"/> Sir Charles Gairdner
<input type="checkbox"/> Graylands	<input type="checkbox"/> Princess Margaret	<input type="checkbox"/> Swan Districts
<input type="checkbox"/> Kalamunda	<input type="checkbox"/> Rockingham/Kwinana	<input type="checkbox"/> Other

Private Hospital Preferences		
<input type="checkbox"/> Hollywood	<input type="checkbox"/> Mercy	<input type="checkbox"/> SJOG Murdoch
<input type="checkbox"/> Joondalup Campus	<input type="checkbox"/> The Mount	<input type="checkbox"/> SJOG Subiaco
	<input type="checkbox"/> Nursing Homes	

**General Availability**

Please tick as appropriate:

- I will call weekly with my availability
- Periodically offer shifts to me outside of my availability
- Never call me outside of my availability
- Please book me in advance with a permanent roster
- I will consider rural assignments
- I will consider 12 hour night duty shifts (1900 – 0730)
- I work AM or PM or ND shifts

**Notice of Employment**

1. **Agreement** - This agreement is between “A Consolidated Employment Service” (hereinafter called **A.C.E.S** Nursing Agency), Unit1/64 Angove Street, North Perth WA 6006 and yourself. It is a condition of membership that you agree to abide by the terms of this agreement and you are deemed to have agreed to these terms when accepting assignments from **A.C.E.S** Nursing Agency.
2. **Status – A.C.E.S** agrees to offer you opportunities to work either Casual, Temporary or on a Permanent basis as a \_\_\_\_\_ where there is a suitable assignment with a hirer (hereinafter called the client) requiring such work. **A.C.E.S** reserves the right to offer any such assignment to such temporary workers as it may elect where that assignment is suitable for several workers. **A.C.E.S** agrees to pay salaries in accordance with the current ACES rates(above award rates).
3. **Assignments – A.C.E.S** makes no guarantees that it will be able to find suitable assignments but commits to acting on your behalf to find such assignments and collect outstanding payment as a result of those assignments.
4. **Reporting for duty –** Once you have accepted an assignment it is important that you report for duty as requested.
5. **Leaving A.C.E.S –** You may leave the company at any time provided one weeks notice is given in writing.
6. **Health –** Membership to **A.C.E.S** is dependant upon the truth of the statements given by you on your application form. You must be in a good state of health when reporting for duty.

7. **Change to particulars** – The Company must be informed in writing as soon as possible of any change in particulars, such as name, address, bank details and status of health.
8. **Insurance – A.C.E.S** strongly recommends that you take out professional indemnity Insurance and/or income protection insurance.
9. **Availability for work** – There is no obligation by **A.C.E.S** to provide, or the temporary worker to serve, any ‘normal’ number of hours in any day or week. In the event of the temporary worker declining to accept any offer of work, or failing to attend work for any reason or period this contract with unfortunately terminate. Please be punctual as **A.C.E.S** will not be able to guarantee your continual work if you are not. Please telephone **A.C.E.S** with your availability to work.
10. **Call out times** –
- 0530:** AM staff are phoned for shifts the same day (if not already confirmed)  
**0730:** ND staff are phoned for next ND shift (if not already confirmed)  
**1000:** PM staff are phoned for shifts the same day (if not already confirmed)  
**1600:** ND staff are phoned for ND shift (if not already confirmed)  
**2130:** PM staff are phoned for AM shift the next day (if not already confirmed)
- a) Bookings or changes to bookings that come in closer to the shift start times are confirmed with staff immediately.
- b) All staff that have made themselves available and have not had a shift confirmed are encouraged to phone in to **A.C.E.S** at least *two hours* before they arrive for duty.
- c) As much notice as possible must be given for self cancellations(see Cancellation policy 16.)
11. **Complaints** – Please inform the company of any complaints made against you at any time. A temporary worker having any work related complaint, such as termination or other reportable relations with the client (or any employee of the client) shall have the right to present their grievance to the Director or Senior Manager at **A.C.E.S**.
12. **Uniforms** – A.C.E.S provides the temporary worker with enough uniforms to cover the intended amount of work that the temporary worker intends to do. Please ensure that all normal workplace Health and Safety guidelines are met in regards to uniform and personal adornment.
13. **Confidentiality** – Under no circumstances is information, acquired in the course of employment, which is deemed to be private and confidential in nature, to be divulged to any persons other than the relevant authorities.
14. **Remuneration** – Will be deposited directly into your nominated bank account (Bank or Credit Union or otherwise) on a weekly basis.

15. **Superannuation** – If you have the choice of a preferred and approved Superannuation fund, **A.C.E.S** will credit 9% of your annual wage (provided it is greater than \$450.00 per calendar month) to your nominated fund.

16. **Cancellation policy** – Public hospitals: In the event that an assignment is cancelled within 1.5 hours of the starting time in the am you will be paid 1 hour at the applicable rate of pay of the cancelled shift. If you turn up at the site ,you will be paid 2 hours at the applicable rate. You are required to cancel your availability 2 hours prior to the am shift and four and a half hours prior to the pm or night duty. A penalty of 1 hour for am shift and 2 hours for pm and night duty of applicable rates will be incurred and payable for late cancellations. Private Hospitals: two hours pay for all shifts and four hours pay if you turn up for the shift that is cancelled. No Penalties apply. It is however imperative that you are contactable at all times, or the above cancellation fees will be forfeited.

**I acknowledge that I have READ and UNDERSTOOD the above information and agree to adhere to A.C.E.S terms and conditions.**

**Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PAYROLL DETAILS**

**1. Bank Details**

Bank name:
Branch:
Account name:

BSB:
Account number:

**2. Superannuation Details**

Fund Name: HESTA
Fund Number:

**3. Salary Sacrifice Details (optional)**

Fund Name: HESTA
Fund Number:
Nominated amount:
Signed: _____ Date: _____

**4. Deferred payment Details (optional)**

Nominated amount to defer:
Nominated % of wages to defer:
If wages is more than \$_____ then defer:
Signed: _____ Date: _____

**Staff Performance Appraisal**  
/ /

**Name:** \_\_\_\_\_

**Date:**

	<b>Expert</b>	<b>High Standard</b>	<b>Good</b>	<b>Adequate</b>	<b>Poor</b>
<b>Clinical Skills</b>					
<b>Autonomy</b>					
<b>Communication Skills</b>					
<b>Initiative</b>					
<b>Punctuality</b>					
<b>Comments:</b>					

**Presentation**

Yes    No  
**Dress code: To Wear Aces/Nurses Own Uniform**

**Yes    No                      Has ID Badge**

                        

**Neat Appearance**

**Appraised by**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Health Facility:** \_\_\_\_\_

## Orientation to Emergency Procedures in Clinical Areas

**MUST** be completed on the first day in the department, and returned to the Agency within 24 hrs.

HOSPITAL: \_\_\_\_\_

Ward/Unit: \_\_\_\_\_

Nurse - please initial each section once you have familiarised yourself with the Emergency Information below:

1. EMERGENCY INFORMATION \_\_\_\_\_
2. DEPARTMENT LAYOUT INFORMATION \_\_\_\_\_
3. DEPARTMENTAL CLINICAL ROUTINE \_\_\_\_\_

A.C.E.S. Nurse: Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name of Hospital Coordinator/C.N.: \_\_\_\_\_

Signature Coordinator/C.N.: \_\_\_\_\_