

KALEIDO EMPLOYMENT APPLICATION FORM

A RESPONSE IS REQUIRED FOR ALL QUESTIONS, PLEASE

Position applying for:

Position Title	Application Date
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Your personal details:

Preferred First Name(s)	Preferred Surname(s)
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Explanatory Note: We encourage and support our staff to use names they feel comfortable and happy with. We ask for your understanding that there are requirements for Kaleido Health to provide “legal” names to government departments and financial institutions to properly administer records for our staff. In this Form, *Preferred Names* are those you’re known by at work, *Legal Names* are those you’re known by at the Australian Taxation Office.

Legal First Name(s)	Legal Surname(s)
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Your contact details:

Phone Numbers	Date Of Birth		
Address			
City	State	Postcode	Country
Email			

Are you of Aboriginal and/or Torres Strait Islander origin?:

<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, Both	<input type="checkbox"/> Prefer not to answer
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Which pronouns do you use?:

<input type="checkbox"/> She / Her	<input type="checkbox"/> He / Him	<input type="checkbox"/> They / Them	<input type="checkbox"/> I use my name only	<input type="checkbox"/> I use different words 🗨️
🗨️ Please Specify Words:				

How do you describe your gender?:

<input type="checkbox"/> Woman or Female	<input type="checkbox"/> Man or Male	<input type="checkbox"/> Non-binary	<input type="checkbox"/> I use different words for my gender 🗨️	<input type="checkbox"/> Prefer not to answer
🗨️ Please Specify Words:				

Please select the levels of education you have completed ('tick' all that apply):

<input type="checkbox"/> School Certificate (Year 10)	<input type="checkbox"/> Certificate 🗨️	<input type="checkbox"/> Diploma 🗨️	<input type="checkbox"/> Degree 🗨️	<input type="checkbox"/> Higher 🗨️
<input type="checkbox"/> Higher School Certificate (Year 12)				
🗨️ Course Name(s) & Completion Date(s):				

Referees:

Please provide the names and contact details of 3 referees. Please Note: Only one may be a personal referee.

1.	Name		Position	
	Phone		Email	
2.	Name		Position	
	Phone		Email	



3.	Name		Position	
	Phone		Email	

Have you ever worked or volunteered with ACON or Kaleido Health before?:

<input type="checkbox"/> No	<input type="checkbox"/> Yes – Please give details:
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Do you identify as a person who is neurodivergent?:

Neurodiversity and neurodivergence are nonmedical terms used to describe people who experience the world differently than others. This may be because they live with a condition such as autism spectrum disorder or dyslexia.

<input type="checkbox"/> No	<input type="checkbox"/> Yes 🚩	<input type="checkbox"/> Prefer not to answer
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Please tell us if you require any adjustments to fully participate in the interview process 🚩:

<input type="checkbox"/> 🚩 Please Specify Adjustments:	
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Do you have a disability?:

Disability includes physical, intellectual, psychological, sensory, neurological, learning disability, physical disfigurement and immunological – the presence in the body of disease-causing organisms. Examples of disability include hearing speech or visual impairments (not corrected by wearing glasses or contact lenses); mental illness such as schizophrenia, depression and bipolar disorder; speech impairment such as stuttering; intellectual disability such as Down syndrome; others include arthritis, asthma, cancers, diabetes, dyslexia, epilepsy or facial disfigurements.

<input type="checkbox"/> No	<input type="checkbox"/> Yes 🚩	<input type="checkbox"/> Prefer not to answer
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Please tell us if you require any adjustments to fully participate in the interview process 🚩:

<input type="checkbox"/> 🚩 Please Specify Adjustments:	
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Known allergies / medical conditions (that we should be made aware of for a safe interview):

<input type="checkbox"/> I <u>DON'T</u> have any known Allergies or Medical Conditions	<input type="checkbox"/> I have Allergies 🚩	<input type="checkbox"/> I have Medical Conditions 🚩
<input type="checkbox"/> 🚩 Please Give Details of Allergies & Relevant Medical Conditions:		

Have you lived and/or worked in any country other than Australia for 12 months or more in the last 10 years?:

<input type="checkbox"/> No	<input type="checkbox"/> Yes – Specify all Countries:
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Eligibility to work in Australia:

<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Other 🚩	
<input type="checkbox"/> 🚩 If Other, Visa Details:	Subclass (Number):	Type (Name):	Expiry (Date):
<input type="checkbox"/> 🚩 *I've attached a copy of my valid Passport – showing my <u>Photograph & Passport Number</u> for verification	<input type="checkbox"/> 🚩 *I've attached a copy of my Visa notification from Department of Home Affairs – showing my <u>Visa Conditions & Duration</u>		

Please Note: If you are not an *Australian Citizen* or an *Australian Permanent Resident*, your employment with Kaleido Health is conditional on you obtaining and maintaining an appropriate valid visa from DHA enabling you to lawfully work in Australia and for Kaleido Health; and complying with any visa conditions imposed.

CoVid-19 vaccination status:

<input type="checkbox"/>	I <u>AM</u> vaccinated against CoVid-19 (please specify the number of doses received, and date of your last dose):				
	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 or more	Last Dose Date: ___ / ___ / _____
<input type="checkbox"/>	I <u>AM NOT</u> vaccinated against CoVid-19				



If NOT vaccinated, please state your intention – if successful for the role:		
<input type="checkbox"/> I will be Vaccinated (min. 2 doses)	<input type="checkbox"/> I will provide a Medical Exemption Certificate	<input type="checkbox"/> I will NOT be Vaccinated nor provide a Medical Exemption

Please Note: If you're successful in your application for this role, and before you can be employed with Kaleido Health, you'll need to meet the minimum requirements of CoVid-19 vaccination certification by providing a current proof of vaccination document showing a minimum of 2 approved doses, or a valid Medical Exemption.

Criminal Record Check (CRC):

<input type="checkbox"/>	I AM willing to participate in a Criminal Record Check by Kaleido Health (at Kaleido Health's expense)
<input type="checkbox"/>	I AM NOT willing to participate in a Criminal Record Check by Kaleido Health (at Kaleido Health's expense)

Please Note: Kaleido Health requires that all staff participate in a national criminal record check prior to the commencement of their employment. An international criminal record check is required when you have lived in an overseas country for 12 months or longer in the last 10 years.

Mandatory: Preferred person to contact in an emergency (if required during interview):

Full Name				Your Relationship			
Address							
City		State		Postcode		Country	
Personal Email				Phone Numbers			

Optional: Alternate person to contact in an emergency (if required during an interview):

Full Name				Your Relationship			
Address							
City		State		Postcode		Country	
Personal Email				Phone Numbers			

Privacy Statement: This information is Confidential and will only be shared with the Recruiting Manager (and Selection Panel if you are short-listed for interview). If your application for employment is successful, this information will only be shared with relevant ACON or Kaleido Health staff on a strictly 'Need to Know' basis. If your application for employment is unsuccessful, this form (and other application data) will be deleted after 6 months.

Application Checklist:

Please confirm that you've completed, and are sending the following items with your application:

<input type="checkbox"/>	This completed Application Form (Required)
<input type="checkbox"/>	Your Resume – outlining your past experience and relevant skills (Required)
<input type="checkbox"/>	Your Cover Letter – addressing how you meet the Selection Criteria in the Position Description (Required)

Kaleido Health Centre is a unique, multi-disciplinary health service – the first of its kind in NSW. Our mission is to deliver high-quality, inclusive, person-centred, integrated health care specifically for sexuality and gender diverse (LGBTQ+) people in NSW.