



Application Cover Sheet

E/1.1.1.5

Your details			
Full name:			
Postal address:			
Email:			
Phone number:		Mobile:	
Pre-existing conditions			
Do you have any pre-existing illness or injury which may impact on your ability to safely perform the inherent requirements of the position(s) for which you have applied?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please give details	
If required, do you consent to having a medical examination to determine your capacity to safely perform the inherent requirements of the position for which you have applied?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Privacy statement			
<p>Personal information collected via this application will only be used for the purpose of recruitment by the Uniting Church in Australia, Queensland Synod.</p> <p>The information you submit to us may be disclosed to referees, our team members who are involved in the recruitment or supporting roles who assist us in the recruitment process.</p> <p>If you choose not to provide any of the information requested, we may be unable to fully process your application or properly consider you for employment.</p> <p>Any information we collect about you in future will be used and disclosed in the same manner as described above unless we tell you otherwise in advance. You may request access to personal information about you that is held by us.</p>			
Consent and warranty			
<p>I consent to the Uniting Church in Australia, Queensland Synod using and disclosing my personal information in the manner describe above.</p>			
I warrant that:			
<ul style="list-style-type: none">• I have read and understand the above statement.• I am qualified to work in Australia, and if requested, can provide evidence of that fact (birth certificate, citizenship certificate, photo ID and/or working visa, as appropriate)• All the information I submit (including this form and any attached resume) is true and complete. I understand that any false or misleading information I provide may lead to the rejection of my application and potentially my dismissal from such employment.• I have disclosed all relevant information in relation to my ability to safely carryout the inherent requirements of the position(s) for which I have applied.			
Applicant's signature:			
Applicant's full name:		Date:	

THIS DOCUMENT IS UNCONTROLLED WHEN PRINTED.



Revisions

Document number		E/1.1.1.5			
Version	Approval date	Approved by	Effective date	Policy owner	Policy contact
1.0	01.08.2020	ELT	01.08.2020	People and Culture	People and Culture Manager
Next scheduled review		01.12.2021			