



## Employment Collection Notice

1. In applying for this position you will be providing Oxley Kids with personal information. We can be contacted on 9727 9200 during normal office hours.
2. If you provide us with personal information, for example, your name and address or information contained on your resume, we will collect the information in order to assess your application.
3. By completing this application you agree that we may store this information for *6 Months*.
4. You may seek access to your personal information that we hold about you if you are unsuccessful for the position. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others.
5. We will not disclose this information to a third party without your consent.
6. We are required to conduct a criminal record check under various regulatory requirements and if successful for the position you will be asked to complete a criminal records check form.
7. If you provide us with the personal information of others, we encourage you to inform them that you are disclosing that information to Oxley Kids and why, that they can access that information if they wish, that Oxley Kids does not usually disclose the information to third parties and that we may store their information for *6 months*

### OTHER INFORMATION TO BE PROVIDED WITH THIS APPLICATION

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Have you ever submitted a Workers Compensation Claim or any Disability Claim?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes please specify:   |                              |                             |
| EMPLOYEES MADE AWARE OF SECTION 79 WORKERS COMPENSATION BOARD AND ASSISTANCE ACT 1981.<br>79. Where it is proved that the worker has, at the time of seeking or entering employment in respect of which he/she claims compensation for a disability, wilfully and falsely represented himself/herself as not having previously suffered from the disability, Oxley Kids may in its discretion refuse to award compensation which otherwise would be payable. |                              |                             |
| Would you agree to a pre employment medical inspection by a GP if requested?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

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|--|
| With which church are you affiliated?                        |
| Provide details of your involvement: _____<br>_____<br>_____ |

|  |        |               |
|--|--------|---------------|
| <b>REFEREES:</b> Please provide details of 3 referees in support your application who we can contact.<br>If possible, one should be your Pastor or Minister, and at least one of these referees should be your current or last direct supervisor / line manager. |        |               |
| NAME:  | TITLE: | TELEPHONE No: |
| 1  |        |               |
| 2  |        |               |
| 3  |        |               |

|   |                   |
|---|-------------------|
| If you have an existing Working With Children card or VIT registration, please provide details:   |                   |
| Card Number _____   | Expiry Date _____ |
| If you have an existing National Police Certificate, please provide details:  |                   |
| Ref. Number _____   | Issue Date _____  |
| I acknowledge that I have read the Employment Collection Notice and acknowledge that the information I have provided is true and correct. I understand that Oxley Kids' selection process will involve a rigorous background check. |                   |
| <b>APPLICANT'S SIGNATURE:</b> _____   | <b>DATE</b> _____ |

**Please return your application to Oxley Kids, PO Box 553, Lilydale Victoria 3140,  
or email to [office@oxleykids.vic.edu.au](mailto:office@oxleykids.vic.edu.au)**