

**State of Victoria – Evidence Act 1958  
EMPLOYMENT STATUTORY DECLARATION**

*(This form must be completed for each position applied for at Northeast Health Wangaratta)*



The information on this form will be treated as strictly confidential under the Privacy Act of 1988 and National Privacy Principles and will be used in connection with prospective employment with this hospital.

<b>Position Applied For</b>		
Title		
Surname		
First Name		
Preferred Name		
Start Date (if known)		
Aboriginal/TS Islander		YES [ ] NO [ ]
Date Of Birth		
Gender		
Country Of Birth		
Nationality		
Email Address		
<b>Address Details</b>		
Street Address		
Suburb		
State / Postcode		
Country		
Phone Number		
Mobile		
Please tick one of the following:	I have not lived in a country other than Australia for any period of time after the age of 16.	<input type="checkbox"/>
	I have lived in a country other than Australia for a period of time after age 16 years and I have not been convicted of murder or sexual assault, or convicted of and sentenced to imprisonment for any other form of assault during my time living overseas.	Or <input type="checkbox"/>
Are you prepared to work shift-work?		YES [ ] NO [ ]

**PRE-EXISTING INJURY/DISEASE/ALLERGY DECLARATION**

Northeast Health Wangaratta is committed to protecting the health, safety and well-being of all employees. To achieve this, the hospital strives to ensure that employees are not required or permitted to undertake work for which they are not suited and to take appropriate measures to allow work to be done in a manner which will not put any person at risk to their health and safety.

The following declaration is made for the purposes of sections 82(7)-(9) of the Accident Compensation Act 1985.

I acknowledge that I am required to disclose all pre-existing injuries, diseases or allergies that I am aware and one could reasonably be expected to foresee could affect the nature of the proposed employment

[ ] I do not have an injury, disease or allergy that I am aware and that one could reasonably be expected to foresee could affect the nature of the proposed employment. **OR**

[ ] I have suffered the following injury, disease and/or allergy that may recur or deteriorate, accelerate or be exacerbated or aggravated by the duties described in the position description.

*(list injuries, diseases and/or allergies)*

.....

**Do you agree to undergo a Medical fitness test? YES [ ] NO [ ]**

**Furthermore, if appointed I agree :**

- To abide by the By-Laws, Policies, and Procedures of the Northeast Health Wangaratta as determined by the Health Department and Board of Management.
- To respect the absolute confidentiality of all patients, clients and personnel and I realise that breaches by myself could result in disciplinary action or dismissal action being taken.

I understand that I maybe required to work in any area under the jurisdiction of the Northeast Health Wangaratta as negotiated within my contract.

I acknowledge that any non-disclosure or false or misleading information on my part may result in section 82(8) of the Accident Compensation Act 1985 being applied. This would disentitle me or my dependants from receiving benefits relating to any recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing injury, disease and/or allergy which I may have.

**I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.**

Declared at \_\_\_\_\_ in the State of Victoria, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

Before me,

\_\_\_\_\_  
Signature of person making this declaration  
[to be signed in front of an authorised witness]

\_\_\_\_\_  
Signature of authorised witness

The authorised witness must print or stamp his or her name, address, and title under section 107A of the Evidence Act 1958 [Vic.]  
*(eg. Justice of the Peace, Pharmacist, Police Officer, Court Registrar, Bank Manager, Medical Practitioner, Dentist)*