



PLEASE PROVIDE 1
CURRENT
PASSPORT
PHOTOGRAPH

APPLICATION FORM

LECTURER / STAFF

Please complete this application form using blue or black pen and return to the Australian Institute of Holistic Medicine administration together with a current resume and certified copies of all relevant certificates and qualifications.

Position you are applying for:

Title Mr/Mrs/Miss/Dr/Ms/Rev _____ Date of Birth: _____ / _____ / _____

Family Name: _____

Given Name/s: _____

Name by which you prefer to be called: _____

Postal Address: _____

Residential Address: _____

Email address: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Fax: _____

Please give details of all relevant academic achievements, qualifications and certificates currently held.	Year

(Please attach certified copies of all documents and certificates)

Are you currently employed?	Fulltime []	Part-time []	Unemployed []
Details of current employer			

Please explain the nature and duties of your current employment:

Please give a brief employment history for the past 5 years:

Are you currently a member of any professional organisations?	[Y] [N]
If your answer is YES, please give details	

Do you have any experience or exposure to Natural Therapies?	[Y] [N]
If your answer is YES, please give brief details	

What are your hobbies and interests?

Do you have any criminal convictions? <i>Prior convictions do not automatically result in an applicant being excluded for consideration</i>	[Y] [N]
If your answer is YES, please give brief details	

Contact in case of emergency 1:			
Name:			
Relationship			
Address			
Telephone contact numbers	M	H	W

Contact in case of emergency 2:			
Name:			
Relationship			
Address			
Telephone contact numbers	M	H	W

The Australian Institute of Holistic Medicine is an Equal Opportunity employer and will always seek to employ the most suitable applicant for the position being applied for.

Declaration by applicants

I certify that the information on this form and contained in the supporting documents is correct and complete.

I authorise the Institute contact my referees in support of my application and to obtain any information relating to my academic achievements.

I acknowledge the provision of incorrect information or documentation relating to my application may result in cancellation of my application and may result in termination of any future contracts.

Signature

Date

Office Use only – to be completed by the Dean of Studies	
Applied for the following position:	_____
Letter of offer for the position to be sent:	Yes No
Starting Date: _____	Hourly rate: \$ _____
2 character references verified:	[Y] [N]
Copies of all relevant certificates received and verified:	[Y] [N]
2 forms of identification sighted (please note details)	_____ _____