

**Mobile Patient Care Pre-employment Questionnaire**

Please complete the below and attach to your application

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| **This role is primarily shift work and can included weekends, do you have any restrictions or obligations that may impact on your availability?** |  |
| **Please specify your preferred tenure for employment (full-time, part-time or casual):** |  |
| **How far is this branch from home for you?** |  |
| **Do you have any pre-existing physical/medical restrictions we should be aware of?** |  |
| **Do you have any current restrictions on your driver’s licence?** |  |
| **Please confirm you have or are in the process of obtaining the following:*** **Full Victorian Drivers Licence -**
* **WWCC (employee) –**
* **Police Check (no more than 6 months old) –**
* **Completed immunisations**
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