# Application cover sheetAll applicants must apply using this template. Please attach your resume separately.

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| **VACANCY DETAILS** |
| Reference No.  | Position Title:  | Classification: Choose an item. |

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| **PERSONAL DETAILS** |
| Title:  | Given Name(s):  | Surname: | Preferred Name:  |
| Date of Birth *(optional):*  | Postal Address: |
| Phone (w) | Mobile:  | Email:  |
| Preferred Method of Contact: Mobile [ ]  Phone (w) [ ]  Email [ ]  Other [ ]  |
| You must be an Australian citizen to be employed with the Organ and Tissue Authority. Are you an Australian citizen? [ ]  Yes [ ]  No |
| If not, are you in the process of obtaining Australian citizenship? [ ]  Yes [ ]  No  |
| If you are in the process of obtaining Australian citizenship, please specify the date it will be granted: |

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| **APS EMPLOYMENT HISTORY** |
| Are you currently working in the APS? [ ]  Yes [ ]  No  |
| If yes, on what basis are you employed? [ ]  Ongoing [ ]  Non-Ongoing  |
| Substantive Classification Choose an item. | Actual Classification Choose an item. | AGS Number  |
| Name of Department/Agency |
| Have you received a redundancy benefit from an APS Commonwealth agency or a non-APS Commonwealth agency in the last 12 months?[ ]  Yes [ ]  No |
| If yes, please specify name of Department/Agency and cessation date: |
| Have you had your employment terminated or been the subject of a disciplinary action under the APS Code of Conduct?[ ]  Yes [ ]  No *(if you answered yes, we may contact you to discuss)* |

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| **ADDITIONAL REQUIREMENTS** |
| I require reasonable adjustments/additional arrangements to be made for assessment [ ]  Yes [ ]  No*(if you answered yes, a member of the selection committee will be in contact with you)* Do you wish to opt into RecruitAbility? [ ]  Yes [ ]  No*Further information about RecruitAbility can be found* [*here*](https://www.apsc.gov.au/working-aps/diversity-and-inclusion/disability/recruitability/recruitability-scheme-guide-applicants)*.*Do you have an Australian Government Security Clearance? [ ]  Yes [ ]  NoIf yes, at what level? Choose an item.If not, would you be willing to undertake a security clearance process? [ ]  Yes [ ]  No |

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| **DIVERSITY INFORMATION** (this information is collected for statistical purposes only and is optional to complete) |
| Gender [ ]  Male [ ]  Female [ ]  X (Indeterminate/Intersex/Unspecified)Aboriginal or Torres Strait Islander [ ]  Yes [ ]  No [ ]  Prefer not to answerPerson with disability [ ]  Yes [ ]  No [ ]  Prefer not to answerPerson from a culturally or linguistically diverse background [ ]  Yes [ ]  No [ ]  Prefer not to answer |

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| **REFEREE DETAILS** (Where possible - please include at least one current or immediate previous employer) |
| **Referee 1**  | **Referee 2**  |
| *Name* |  | *Name* |  |
| *Title* |  | *Title* |  |
| *Organisation* |  | *Organisation*  |  |
| *Phone number* |  | *Phone number* |  |
| *Email address* |  | *Email address* |  |
| *Relationship* |  | *Relationship* |  |
| *Length of relationship* |  | *Length of relationship* |  |

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| **DECLARATIONS/ACKNOWLEDGEMENT** |
| **APS Merit List Access**An order of merit may be established for this position. If you are placed on an order of merit, you may be considered for similar vacancies in other APS agencies for up to 18 months from the date the vacancy was notified in the Gazette.Do you consent to your personal information being shared with other APS agencies? [ ]  Yes [ ]  No**Applicant declaration**I certify the information I have provided in this application is true and correct.* I understand and agree that a false statement may disqualify me from employment, result in a dismissal or lead to disciplinary action under the *Public Service Act 1999*, as it is a criminal offence to provide false or misleading information.

By selecting ‘Yes’ you will be giving your consent to the Organ and Tissue Authority collecting and using this information for the purposes mentioned above.I acknowledge and agree to the conditions of the above declaration and wish to be considered for a position with the Organ and Tissue Authority.[ ]  Yes Click or tap to enter a date. |