

qualified paramedic

queensland ambulance service

queensland's life support



application forms & guide

forms

how to fill out the qualified application forms

form 1

section 1 personal details

Name (Surname and Given Names) - Write your full legal name and preferred name. Do not include nicknames.

Postal Address - If you need any correspondence to be sent to an address that is not your home address, you must complete this section.

Phone - "Other" can be the phone number of a third party. If you are often uncontactable, for example, work in remote locations or travel away on business, please provide other contact details.

Email - An email address is our preferred method of contact.

EEO Information - Please note, the provision of this information is voluntary.

If you identify as either Aboriginal race or a descendant of the Indigenous inhabitants of the Torres Strait Islands, you must obtain and complete a "Confirmation and Declaration of Aboriginality or Torres Strait Islander Descent" Form. This form can be downloaded from the Queensland Ambulance Service (QAS) website, www.ambulance.qld.gov.au/recruitment

If you have identified as a member of an EEO Target Group, you can elect to be contacted by an officer who can provide advice (if required) on the various stages of the Qualified Paramedic Recruitment and Selection Process.

If you want an officer to contact you, you must tick 'YES' in the appropriate box.

Marketing Statistics - To assist with our future marketing plans, we would appreciate you telling us where and how you heard about QAS Recruitment.

section 2 employment positions and types

Please indicate which position you are applying for.

QAS offers more than one type of employment. Options include:

Permanent Employment: An officer who is permanently employed, works all the normal rostered hours and receives all the leave entitlements under the *Award*.

Casual Employment: A Casual employee is one who is offered employment on a shift-by-shift basis and is not entitled to annual or sick leave but is paid an allowance in lieu of these entitlements.*

* Please note, on commencement of employment, ALL Qualified Paramedics are required to work on a full time basis during the three weeks of the State induction program, plus additional Regional induction to gain competency.

section 3 employment location preferences

Please indicate your top three preferred work locations. Applicants must be flexible with their location preferences.

section 4 requirements for application

You are required to provide documents to support this application. Do not send original documents.

Send certified copies only.

A certified copy is a photocopy that has been endorsed (signed) by either a Justice of the Peace, a Commissioner of Declarations or a person of standing in the community e.g. Police, Ambulance or Court Appointed Person. These officers must sight the original document that they are endorsing.

4.1 Qualifications

Applicants must hold qualifications equivalent to a QAS Advanced Care Paramedic level or higher.

A certified copy of an applicant's qualifications must be submitted on application.

Applicants are required to submit a letter on official letterhead from their current or most recent employer which details their employment history and ambulance qualification level.

For information, please refer to www.ambulance.qld.gov.au/recruitment/qualified.asp

4.2 Ability to work in Australia

Applicants must provide a certified copy of documentary evidence to prove their ability to work in Australia (permanent residency, Australian or New Zealand citizenship or work visa), prior to commencing employment with the QAS.

Applicants who have not obtained a work visa on application must provide a certified copy prior to appointment.

For information on work visas, visit the Australian Department of Immigration and Citizenship website, www.immi.gov.au

4.3 Manual Driver's Licence

Applicants must hold a current manual driver's licence (car) on application, and obtain a Queensland manual driver's licence upon appointment if residing in Queensland. Learner's permits and automatic licences will not be considered.

A certified copy must be submitted on application.

Information on licensing can be accessed at any Queensland Transport Customer Service Centre or at www.transport.qld.gov.au

forms

how to fill out the application forms

section 5 work history

Please provide details of your employment history during the last seven years.

section 6 criminal history

Before applicants can be offered a position, they are required to undergo a Criminal History Check. Having a criminal history may not necessarily result in disqualification from selection, and will depend on the nature of the offence.

A Criminal History Check from within Australia will also be conducted as part of the recruitment process.

Criminal history clearances are required from countries that the applicant has resided in for a minimum of one year in the previous 10 years.

Please refer to the Character Requirements Penal Clearance Certificate at www.immi.gov.au for details on the relevant authority for each country.

section 7 declaration

Please read the Declaration. Once you have read the Declaration, you must sign and date your Application Form. If you fail to disclose information or provide false or misleading information, this may result in the determination that you are not suitable for employment with the QAS.

form 2

Your Performance and Integrity Form is to be completed by a Manager with the delegated authority to appoint staff and direct knowledge of your current performance as a Qualified Paramedic.

form 3

This form needs to be completed to indicate the Applicant's consent for their current service to provide relevant details to the QAS to determine their suitability for employment.

form 4

The Eligibility for Employer Sponsored Immigration Form is to be completed by those applicants applying for employer sponsorship under the Employer Nomination Scheme (ENS).





QUEENSLAND AMBULANCE SERVICE

Form 1 - Qualified Application Form
for Qualified Paramedic, PTO or EMD applicant

The Application Form and relevant documents are to be posted to
QAS Qualified Recruitment,
GPO Box 339, Brisbane QLD 4001
Fax Number +61 (0)7 3109 7258

OFFICE USE ONLY
Applicant Number:

PRIVACY INFORMATION

The Department of Community Safety is collecting information on this form for the following purposes:

- to ensure that applicants meet the physical and functional requirements of employment within the Queensland Ambulance Service;
- to ensure the Department effectively discharges its Workplace Health and Safety obligations; and
- for the Department to discharge its legislative, accountability, administrative, reporting, management, personnel and financial functions.

Collection of this information is authorised/required by the *Ambulance Services Act 1991*, and the *Workplace Health and Safety Act 1995*.
For further information about privacy and other uses and disclosures of your personal information, refer to the Department's Privacy Plan as amended from time to time, available on the Department's website.

SECTION 1 Personal Details

Title Mr Mrs Miss Ms Other _____

GIVEN NAMES _____ **PREFERRED NAME** (not nicknames) _____

SURNAME _____ **DATE OF BIRTH** _____

RESIDENTIAL ADDRESS (Please include country) _____ **POST CODE/ZIP CODE** _____

POSTAL ADDRESS (Insert 'As Above' if same as Residential Address) _____ **POST CODE/ZIP CODE** _____

PHONE (Please include international numbers)
HOME _____ WORK _____ MOBILE _____ OTHER _____

EMAIL _____

The Queensland Ambulance Service (QAS) is an Equal Opportunity Employer and therefore particularly encourages applications from members of EEO target groups. Do you identify with any of the EEO target groups? If so, please indicate which one. Please note, the provision of this information is voluntary.

- I am a person of the Aboriginal race of Australia*.
 - I am a descendant of the Indigenous inhabitants of the Torres Strait Islands*.
- *Complete and attach a "Confirmation and Declaration of Aboriginality or Torres Strait Islander Descent" Form. You can download this form from www.ambulance.qld.gov.au/recruitment
- I am a person who has migrated to Australia and whose first language is a language other than English, or am a child of such person.
Indicate first language if other than English: _____
 - I am a woman.
 - I am a person with a physical sensory, intellectual or psychiatric disability. The disability presently exists or previously existed but no longer exists.

Do you wish to be contacted by an officer? YES NO

To assist with our future marketing strategies, please use the boxes below to indicate how you heard about Qualified recruitment.

- I heard about it on the radio/television. Which station? _____
- I read about it in the newspaper. Which newspaper? _____
- I read about it in a magazine. Which magazine? _____
- I heard about it from a family member. _____
- I heard about it from a friend who works for the Queensland Ambulance Service. _____
- I read about it on the Internet. Which website? _____
- Other (please state): _____

SECTION 2 Employment Positions and Types

Please indicate which position you are applying for.

Advanced Care Paramedic Intensive Care Paramedic Emergency Medical Dispatcher Patient Transport Officer

Please indicate which type of position you are applying for.

Permanent Full Time Temporary (temporary visa holder applicants only) Casual

SECTION 3 Location Preferences

Please number your top three preferences of where you would prefer to work.

<p>Preferences Please number boxes (1 - 3)</p>	<p>Northern Region</p> <p>Coastal Area <input type="checkbox"/></p> <p>Western Area <input type="checkbox"/></p> <p>Townsville Communications (Comms) <input type="checkbox"/></p>	<p>Central Region</p> <p>Whitsunday/Mackay Area <input type="checkbox"/></p> <p>Capricornia Area <input type="checkbox"/></p> <p>Port Curtis/Callide Area <input type="checkbox"/></p> <p>Central West Area <input type="checkbox"/></p> <p>Rockhampton Comms <input type="checkbox"/></p>	<p>South Western Region</p> <p>Eastern Area <input type="checkbox"/></p> <p>Southern Area <input type="checkbox"/></p> <p>Western Area <input type="checkbox"/></p> <p>Toowoomba Comms <input type="checkbox"/></p>	
	<p>North Coast Region</p> <p>Sunshine Coast Area <input type="checkbox"/> <small>*Please note Sunshine Coast Area is currently running at capacity for paramedic positions and is not offering positions until further notice.</small></p> <p>Wide Bay Area <input type="checkbox"/></p> <p>Cooloolba Burnett Area <input type="checkbox"/></p> <p>Buderim Comms <input type="checkbox"/></p>	<p>Brisbane Region</p> <p>Northern Area* <input type="checkbox"/></p> <p>Central Area* <input type="checkbox"/></p> <p>South East Area* <input type="checkbox"/></p> <p>South West Area* <input type="checkbox"/></p> <p>Kedron Comms <input type="checkbox"/></p>	<p>South Eastern Region</p> <p>Gold Coast Area* <input type="checkbox"/></p> <p>Beenleigh Area* <input type="checkbox"/></p> <p>Ipswich Area* <input type="checkbox"/></p> <p>Southport Comms <input type="checkbox"/></p>	<p>Far Northern Region</p> <p>Cairns and Coastal Area <input type="checkbox"/></p> <p>Tablelands, Cape York and Torres Strait Area <input type="checkbox"/></p> <p>Cairns Comms <input type="checkbox"/></p>

* Please note, successful paramedic applicants for casual positions in Brisbane and South Eastern Regions are appointed to the region only and not an area.

SECTION 4 Requirements for Application

4.1 Qualifications

**Do you hold qualifications equivalent to a QAS Advanced Care Paramedic, Emergency Medical Dispatcher or Patient Transport Officer level or higher?

Yes No

Have you attached the necessary certified documents?

Yes No

Have you attached a letter from your current or most recent employer which details your employment history and ambulance qualification level?

Yes No

**Please refer to www.ambulance.qld.gov.au/recruitment/qualified.asp Recognition of Prior Learning

4.2 Ability to work in Australia

Do you hold:

Australian Resident Status New Zealand citizenship Work Visa

Have you attached a certified copy of documentary evidence to support this claim? eg Birth Certificate, Passport, Citizenship Certificate, Certificate of Evidence of Residential Status, Work Visa

Yes No

For Qualified Paramedic positions only:

Do you wish to apply for a QAS Sponsored Work Visa?

Yes No

If Yes, please complete Form 4 Eligibility for Employer Sponsored Immigration form.

Are you obtaining an independent Work Visa?

Yes No

If yes, please provide details eg what type of visa, date of approval etc

4.3 Driver's Licence

Do you hold a provisional or open manual driver's licence?

Yes

No

Have you attached a certified copy of your driver's licence?

Yes

No

If your driver's licence does not include a photo, please provide an additional form of photo identification.

SECTION 5 Work history

General paid employment that you have undertaken in the last seven years is to be shown in this section. List your current employment first followed by details of your previous employment. Also show the periods of employment. (Please attach a separate sheet if space is insufficient)

Employer / Business Name

Employed from

/ /

to

/ /

Full Business Address

Your Job / Position

Hours Worked Per Week

Employer / Business Name

Employed from

/ /

to

/ /

Full Business Address

Your Job / Position

Hours Worked Per Week

Employer / Business Name

Employed from

/ /

to

/ /

Full Business Address

Your Job / Position

Hours Worked Per Week

Employer / Business Name

Employed from

/ /

to

/ /

Full Business Address

Your Job / Position

Hours Worked Per Week

Employer / Business Name

Employed from

/ /

to

/ /

Full Business Address

Your Job / Position

Hours Worked Per Week

SECTION 6 Criminal History Checks

Please be advised that an Australian Criminal History Check will be performed as part of the Qualified recruitment process.

Have you lived outside your own country for a cumulative period of 12 months or more within the past 10 years?

Yes

No

If yes, have you included a certified copy of a Police Clearance from that country?

Yes

No

SECTION 7 Declaration

I declare that the information I have provided in this document is correct and complete.

I understand the requirements of this application form and acknowledge that it is my responsibility to provide all necessary information and documentary evidence required in support of this application.

I acknowledge that failing to disclose information or providing false or misleading information may result in a determination that I am unsuitable for employment with the Queensland Ambulance Service.

Signature _____ Date _____

APPLICATION CHECKLIST

Please review your application to ensure all applicable information has been provided and/or attached. Please complete the following checklist identifying "N/A" for those items which are not relevant to your set of circumstances.

Completion of all necessary application information including: Form 1 Application Form, Form 2 Performance & Integrity and Form 3 Consent and Authority.

Attached Confirmation of Declaration of Aboriginality or Torres Strait Islander Descent form, if applicable.

Attached certified copies of ambulance qualifications.

Attached certified copy of manual driver's licence.

Attached certified copy of birth certificate or bio data page of passport.

Attached certified copy of documentary evidence to support Australian Citizenship, Permanent Resident Status or New Zealand Citizenship, if applicable.

Attached certified copy of documentary evidence to support name change if applicable.

Completion of information regarding work history.

Attached certified copy of a letter from your current or most recent employer.

If applying for Visa Sponsorship, completed Form 4 Eligibility for Employer Sponsored Immigration.

Signed Declaration - Section 7.

If all relevant boxes are ticked, then please proceed with submitting your hard copy application to the GPO box address listed on page one of this application form.



QUEENSLAND AMBULANCE SERVICE

Form 2 - Performance and Integrity Validation

This completed form is to be attached to your application and returned to QAS Qualified Recruitment, GPO Box 339, Brisbane QLD 4001 or fax +61 (0)7 3109 7258.

This form is to be completed by a Senior Manager with:

- Direct knowledge of the applicant's current ambulance performance; and
- *The delegated authority to appoint staff or hold a senior manager / Director position within the operational area of the named service.

By submitting this form with their application, applicants are applying for exemption from the following assessments in the recruitment process - Health Related Fitness Assessment and Psychometric Assessment.

PRIVACY INFORMATION

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SECTION 1 Application Type

Please indicate which position is the applicant applying for.

Advanced Care Paramedic Intensive Care Paramedic Emergency Medical Dispatcher Patient Transport Officer

SECTION 2 Applicant Details

GIVEN NAMES	PREFERRED NAME (no nicknames)
SURNAME	DATE OF BIRTH
POSITION	STATION

How long has the applicant been qualified to practice in this role?

SECTION 3 Manager Details

GIVEN NAMES	PREFERRED NAME (no nicknames)
SURNAME	
POSITION	AMBULANCE SERVICE

SECTION 4 Managerial Delegation

Do you have direct knowledge of the applicant's ambulance work performance? Yes No

Does the applicant currently work in your service? Yes No

Do you have the delegated authority to appoint staff or hold a senior manager/Director position within the operational area? eg Area Director, Operations? Yes No

If 'No', please provide delegated authority name, position, contact details and counter signature at page 3.

How long have you known the applicant?

SECTION 5 Manager Contact Details

PHONE (Please include Country Code)	MOBILE
WORK	
EMAIL (Please print clearly)	

SECTION 6 Skills and Knowledge

Please provide detailed examples of how the applicant demonstrates a high level of skills and knowledge that enables them to perform their role effectively. (For example, job knowledge - clinical/call taking/dispatch skills and knowledge, willingness to undertake training and professional development, ability to follow protocols, attention to details etc)

SECTION 7 Personal Suitability

Please provide detailed examples of how the applicant demonstrates a high level ability in performing their role? (For example, control of operations or incidents, ability to follow instructions, stress tolerance, motivation and resilience, special skills etc)

SECTION 8 Social Maturity

Please provide detailed examples of how the applicant undertakes their duties in an ethical manner? (For example, compassionate, interpersonal sensitivity, interpersonal skills, equity awareness - gender, social, racial and cultural).

SECTION 9 Interpersonal Skills

Please provide detailed examples of how the applicant demonstrates a high level of communication skills? (For example, oral communication skills - fluency, clarity, listening, written communication including the ability to accurately complete forms and reports, negotiation and conflict management).

SECTION 10 Personal Impact

Please provide detailed examples of how the applicant demonstrates personal awareness and working effectively with teams?
(For example, dress and grooming, personal confidence, supportive of team members).

SECTION 11 Integrity Issues

Please provide details of any known integrity issues that would preclude an appointment of this applicant to the QAS?

SECTION 12 Suitability for Appointment

General comments

Confirmation of Manager Details

NAME

POSITION

SIGNATURE

DATE

Delegated Authority Details

Name: _____ Position: _____

Contact Details:

Phone: _____ Signature: _____

Email: _____ Date: / /

SECTION 13 Clinical Scope of Practice - For Qualified Paramedic Applicants only.

Please complete the following to verify the procedures that the applicant has the authority to practice.

	Supervised	Independent		Supervised	Independent
Patient Assessment			Drug Administration		
Basic life support procedures including -			Intramuscular injection		
APGAR	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Glasgow coma score	<input type="checkbox"/>	<input type="checkbox"/>	Intranasal administration	<input type="checkbox"/>	<input type="checkbox"/>
Glucometry	<input type="checkbox"/>	<input type="checkbox"/>	Nebulised drug administration	<input type="checkbox"/>	<input type="checkbox"/>
Mental status assessment	<input type="checkbox"/>	<input type="checkbox"/>	Oral drug administration	<input type="checkbox"/>	<input type="checkbox"/>
Neurological status assessment	<input type="checkbox"/>	<input type="checkbox"/>	Subcutaneous drug administration	<input type="checkbox"/>	<input type="checkbox"/>
Paediatric assessment	<input type="checkbox"/>	<input type="checkbox"/>	Drug administration via an endotracheal tube	<input type="checkbox"/>	<input type="checkbox"/>
Pain assessment	<input type="checkbox"/>	<input type="checkbox"/>	Extrication		
Perfusion status assessment	<input type="checkbox"/>	<input type="checkbox"/>	Use of a scoop stretcher	<input type="checkbox"/>	<input type="checkbox"/>
Primary and secondary assessment	<input type="checkbox"/>	<input type="checkbox"/>	Use of a stair chair	<input type="checkbox"/>	<input type="checkbox"/>
Pulse oximetry assessment	<input type="checkbox"/>	<input type="checkbox"/>	Use of a drop wheel stretcher	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory status assessment	<input type="checkbox"/>	<input type="checkbox"/>	Use of extrication spine board	<input type="checkbox"/>	<input type="checkbox"/>
Capnography	<input type="checkbox"/>	<input type="checkbox"/>	Access		
Airway Management			Intravenous access		
Airway suctioning	<input type="checkbox"/>	<input type="checkbox"/>	External jugular venous cannulation	<input type="checkbox"/>	<input type="checkbox"/>
Basic airway management	<input type="checkbox"/>	<input type="checkbox"/>	Intraosseous access	<input type="checkbox"/>	<input type="checkbox"/>
Oropharyngeal airway insertion	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory		
Nasopharyngeal airway insertion	<input type="checkbox"/>	<input type="checkbox"/>	Bag-valve-mask ventilation	<input type="checkbox"/>	<input type="checkbox"/>
Laryngeal mask airway insertion	<input type="checkbox"/>	<input type="checkbox"/>	Intermittent positive pressure breathing (IPPB)	<input type="checkbox"/>	<input type="checkbox"/>
Endotracheal intubation	<input type="checkbox"/>	<input type="checkbox"/>	Intermittent positive pressure ventilation (IPPV)	<input type="checkbox"/>	<input type="checkbox"/>
Use of bougie	<input type="checkbox"/>	<input type="checkbox"/>	Positive end expiratory pressure (PEEP)	<input type="checkbox"/>	<input type="checkbox"/>
Laryngoscopy	<input type="checkbox"/>	<input type="checkbox"/>	Tension pneumothorax decompression	<input type="checkbox"/>	<input type="checkbox"/>
Use of Magill's forceps	<input type="checkbox"/>	<input type="checkbox"/>	Resuscitation		
Tracheal suctioning	<input type="checkbox"/>	<input type="checkbox"/>	Cardiopulmonary resuscitation - Adult	<input type="checkbox"/>	<input type="checkbox"/>
Oro/Nasopharyngeal suctioning of a Neonate	<input type="checkbox"/>	<input type="checkbox"/>	Cardiopulmonary resuscitation - Child	<input type="checkbox"/>	<input type="checkbox"/>
Cricoid Pressure/External laryngeal manipulation	<input type="checkbox"/>	<input type="checkbox"/>	Cardiopulmonary resuscitation - Infant	<input type="checkbox"/>	<input type="checkbox"/>
Cricothyrotomy	<input type="checkbox"/>	<input type="checkbox"/>	Trauma		
Gastric Intubation	<input type="checkbox"/>	<input type="checkbox"/>	Application of bandages and sling	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac			Application of cervical collars	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac monitoring - basic rhythm recognition - sinus, VT, VF etc	<input type="checkbox"/>	<input type="checkbox"/>	Application of arterial tourniquet	<input type="checkbox"/>	<input type="checkbox"/>
12 lead ECG acquisition	<input type="checkbox"/>	<input type="checkbox"/>	Application of skeletal traction device (e.g. Donway [®])	<input type="checkbox"/>	<input type="checkbox"/>
12 lead ECG interpretation	<input type="checkbox"/>	<input type="checkbox"/>	Use of vacuum splints	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Reperfusion	<input type="checkbox"/>	<input type="checkbox"/>	Use of vacuum mattress	<input type="checkbox"/>	<input type="checkbox"/>
Defibrillation - automatic	<input type="checkbox"/>	<input type="checkbox"/>	Use of pelvic splints (e.g. SAM Pelvic Sling [®])	<input type="checkbox"/>	<input type="checkbox"/>
Defibrillation - semi-automatic	<input type="checkbox"/>	<input type="checkbox"/>	Use of NIEJ (NEANN immobilisation & extrication jacket)	<input type="checkbox"/>	<input type="checkbox"/>
Defibrillation - manual	<input type="checkbox"/>	<input type="checkbox"/>	Helmet removal	<input type="checkbox"/>	<input type="checkbox"/>
Synchronised cardioversion	<input type="checkbox"/>	<input type="checkbox"/>	Management of envenomation	<input type="checkbox"/>	<input type="checkbox"/>
Transcutaneous Cardiac Pacing (TCP)	<input type="checkbox"/>	<input type="checkbox"/>			

SECTION 13 Clinical Scope of Practice continued

	Supervised	Independent
Obstetrics		
Cephalic delivery	<input type="checkbox"/>	<input type="checkbox"/>
Breech birth	<input type="checkbox"/>	<input type="checkbox"/>
Bimanual compression	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder dystocia	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacology		
Adrenaline	<input type="checkbox"/>	<input type="checkbox"/>
Amiodarone	<input type="checkbox"/>	<input type="checkbox"/>
Aspirin	<input type="checkbox"/>	<input type="checkbox"/>
Atropine	<input type="checkbox"/>	<input type="checkbox"/>
Benztropine	<input type="checkbox"/>	<input type="checkbox"/>
Box Jellyfish Anti-venom	<input type="checkbox"/>	<input type="checkbox"/>
Calcium Gluconate 10%	<input type="checkbox"/>	<input type="checkbox"/>
Ceftriaxone	<input type="checkbox"/>	<input type="checkbox"/>
Clopidogrel	<input type="checkbox"/>	<input type="checkbox"/>
Enoxaparin	<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl	<input type="checkbox"/>	<input type="checkbox"/>
Glucagon	<input type="checkbox"/>	<input type="checkbox"/>
Glucose 10%	<input type="checkbox"/>	<input type="checkbox"/>
Glucose gel	<input type="checkbox"/>	<input type="checkbox"/>
Glyceryl trinitrate	<input type="checkbox"/>	<input type="checkbox"/>
Haloperidol	<input type="checkbox"/>	<input type="checkbox"/>
Heparin	<input type="checkbox"/>	<input type="checkbox"/>

	Supervised	Independent
Hydrocortisone	<input type="checkbox"/>	<input type="checkbox"/>
Hydroxocobalamin	<input type="checkbox"/>	<input type="checkbox"/>
Ipratropium bromide	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine	<input type="checkbox"/>	<input type="checkbox"/>
Lignocaine 2%	<input type="checkbox"/>	<input type="checkbox"/>
Magnesium Sulphate	<input type="checkbox"/>	<input type="checkbox"/>
Methoxyflurane	<input type="checkbox"/>	<input type="checkbox"/>
Metoclopramide	<input type="checkbox"/>	<input type="checkbox"/>
Midazolam	<input type="checkbox"/>	<input type="checkbox"/>
Morphine	<input type="checkbox"/>	<input type="checkbox"/>
Naloxone	<input type="checkbox"/>	<input type="checkbox"/>
Ondansetron	<input type="checkbox"/>	<input type="checkbox"/>
Oseltamivir	<input type="checkbox"/>	<input type="checkbox"/>
Paracetamol	<input type="checkbox"/>	<input type="checkbox"/>
Phenytoin	<input type="checkbox"/>	<input type="checkbox"/>
Promethazine	<input type="checkbox"/>	<input type="checkbox"/>
Salbutamol	<input type="checkbox"/>	<input type="checkbox"/>
Sodium Bicarbonate 8.4%	<input type="checkbox"/>	<input type="checkbox"/>
Sodium Chloride 0.9%	<input type="checkbox"/>	<input type="checkbox"/>
Tenecteplase	<input type="checkbox"/>	<input type="checkbox"/>
Other _____		

Over the last 12 months, did the applicant practice these skills and drug procedures in accordance with organisational policies and procedures? Please provide details.

Comments _____

MANAGER NAME _____ POSITION _____

SIGNATURE _____ DATE _____

QAS Office Use Only

Ambulance Service/Country of Origin _____ Level of Practice _____ Years of experience _____

QAS Level applied for _____ ROCAP Level achieved _____ Entry Pay Level _____ ICP Challenge Option y/n _____

Pay Progression Requirements

QAS Induction Yes No ISCEP eg 2006/07 _____

QAS Mandatory Programs Yes No

Other _____

Reviewing Officer _____ Date _____



QUEENSLAND AMBULANCE SERVICE

Form 3 - Consent and Authority

This completed form is to be attached to your application and returned to Queensland Ambulance Service Qualified Recruitment, GPO Box 339, Brisbane QLD 4001 or fax +61 (0)7 3109 7258.

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- to ensure the Department effectively discharges its Workplace Health and Safety obligations; and
- for the Department to discharge its legislative, accountability, administrative, reporting, management, personnel and financial functions.

Collection of this information is authorised/required by the *Ambulance Services Act 1991*, and the *Workplace Health and Safety Act 1995*.

For further information about privacy and other uses and disclosures of your personal information, refer to the Department's Privacy Plan as amended from time to time, available on the Department's website.

I, _____ acknowledge that I have applied for appointment as

Advanced Care Paramedic Intensive Care Paramedic Emergency Medical Dispatcher Patient Transport Officer
with the Queensland Ambulance Service (QAS).

I further acknowledge that in taking the necessary steps to assess my suitability for appointment, the QAS is required to give consideration to matters set out in the *Equal Opportunity in Public Employment Act 1992* and QAS Policy which provides that a decision to appoint a person must be made by fair and equitable procedures on the basis of merit of applications and that merit includes assessment of my integrity and good conduct.

To determine my merit for appointment, I hereby consent and authorise the release and delivery of information to the QAS in respect to my integrity and good conduct during my service with the:

Ambulance Service _____

Furthermore, I hereby release and waive all rights, actions, suits or claims which may prevent or arise from (whether directly or indirectly) the release and delivery of such information to the QAS and the use of such information by the QAS in the determination of my merit for appointment.

This release and waiver may be pleaded in bar to any action, claim, suit or proceedings, commenced or now taken or which hereinafter may be taken by me in any jurisdiction against the said:

Ambulance Service _____

with respect to the release and delivery of such information to the QAS or the use of such information by the QAS in the determination of my merit for appointment.

FULL NAME _____

PLACE OF BIRTH _____ DATE OF BIRTH _____

DATE OF COMMENCEMENT _____ DATE OF CESSATION _____

CURRENT STATION _____ PAYROLL/ SERVICE NUMBER _____

CONTACT DETAILS FOR SERVICE HISTORY/ RECORDS (Person/ Position Title, Full Postal Address and Phone Number)

APPLICANT SIGNATURE _____ DATE _____

NAME OF WITNESS _____

WITNESS SIGNATURE _____ DATE _____



QUEENSLAND AMBULANCE SERVICE

Form 4-Eligibility for Employer Sponsored Immigration

This completed form is to be attached to your application and returned to:
Queensland Ambulance Service, Qualified Recruitment
GPO Box 339, Brisbane QLD 4001 or fax +61 (0)7 3109 7258

OFFICE USE ONLY
Applicant Number:

For the entry of Skilled Workers under the Employer Nomination Scheme (ENS), sponsorship not only applies to the Primary Visa applicant who is a Queensland Ambulance Service (QAS) employee, but also the applicant's immediate family members who are classified as Secondary Visa applicants.

PRIVACY INFORMATION

The Department of Community Safety is collecting information on this form for the following purposes:

- to ensure that applicants meet the physical and functional requirements of employment within the Queensland Ambulance Service;
- to ensure the Department effectively discharges its Workplace Health and Safety obligations; and
- for the Department to discharge its legislative, accountability, administrative, reporting, management, personnel and financial functions.

Collection of this information is authorised/required by the *Ambulance Services Act 1991*, and the *Workplace Health and Safety Act 1995*.
For further information about privacy and other uses and disclosures of your personal information, refer to the Department's Privacy Plan as amended from time to time, available on the Department's website.

SECTION 1 Personal Details of Primary Applicant

Title Mr Mrs Miss Ms Other _____

GIVEN NAMES _____ **PREFERRED NAME** (not nicknames) _____

SURNAME _____ **DATE OF BIRTH** _____

RESIDENTIAL ADDRESS (Please include country) _____ **POST CODE/ZIP CODE** _____

POSTAL ADDRESS (Insert 'As Above' if same as Residential Address) _____ **POST CODE/ZIP CODE** _____

PHONE (Please include international numbers)
HOME _____ WORK _____ MOBILE _____ OTHER _____

EMAIL _____

PASSPORT NUMBER _____ **NATIONALITY** _____

POSITION APPLIED FOR _____

HOBBIES/INTERESTS
So you can be teamed with the appropriate Buddy, please provide details of your and the Secondary applicants' hobbies and interests.

SECTION 2 Personal Details of Secondary Visa Applicants

(Note: For a person to be eligible for immigration as a Secondary Visa applicant, documentation must be presented to the Department of Immigration to prove the relationship with the Primary Visa applicant. For children over 18 years, details of why they are dependent on the primary applicant must be provided, for example, financially dependent due to full time study at university.)

SECONDARY VISA APPLICANT 1
GIVEN NAMES _____ **SURNAME** _____

DATE OF BIRTH _____

RELATIONSHIP TO PRIMARY VISA APPLICANT _____

SECONDARY VISA APPLICANT 2
GIVEN NAMES

SURNAME

DATE OF BIRTH

RELATIONSHIP TO PRIMARY VISA APPLICANT

SECONDARY VISA APPLICANT 3
GIVEN NAMES

SURNAME

DATE OF BIRTH

RELATIONSHIP TO PRIMARY VISA APPLICANT

SECONDARY VISA APPLICANT 4
GIVEN NAMES

SURNAME

DATE OF BIRTH

RELATIONSHIP TO PRIMARY VISA APPLICANT

SECONDARY VISA APPLICANT 5
GIVEN NAMES

SURNAME

DATE OF BIRTH

RELATIONSHIP TO PRIMARY VISA APPLICANT

SECONDARY VISA APPLICANT 6
GIVEN NAMES

SURNAME

DATE OF BIRTH

RELATIONSHIP TO PRIMARY VISA APPLICANT

SECTION 3 General Details

This section is to be answered by the Primary Visa applicant only.

3.1 Do you have Australian citizenship, New Zealand citizenship or currently hold an Australian Permanent Residency Visa?

Yes No

3.2 Does your spouse have Australian citizenship, New Zealand citizenship or currently hold an Australian Permanent Residency Visa?

Yes No

3.3 Are you or your spouse currently in the process of applying for an Australian Permanent Residency Visa other than through the Queensland Ambulance Service?

If yes, please provide details _____ Yes No

3.4 Are you aged between 45 and 50?

Yes No

3.5 Are you aged under 50?

(Applicants 50 years of age and over are not eligible for QAS sponsorship under the ENS).

Yes No

3.6 Can you demonstrate that you have had a minimum of three years post-qualification on-road clinical experience as a Paramedic?

Yes No

3.7 Has QAS assessed your qualifications as being equivalent to Advanced Care Paramedic or above?

Yes No

3.8 If offered employment, are you prepared to take up a position in QAS for a minimum of three years?

Yes No

3.9 Do you or your spouse have children from a previous relationship who are in your custody and would propose to immigrate with you? (Note that the consent of the non-custodial parent would be required)

Yes No

3.10 Do you or your spouse have children from a previous relationship who are NOT in your custody and would NOT propose to immigrate with you?

Yes No

3.11 Do you know of any reason why either you or any of your dependent family members might be refused an Australian Permanent Residency Visa? If yes, please provide details including the name/s of the person/s affected.

Yes No

SECTION 4 Medical History

This section applies to both the Primary Visa applicant and ALL Secondary Visa applicants.

4.1 Have any of the applicants (both Primary and Secondary) had any condition/s for which they have been hospitalised (including day surgery) in the last couple of months? If yes, please provide details including the name/s of the person/s affected.

Yes No

4.2 Have any of the applicants (both Primary and Secondary) had any condition/s requiring ongoing treatment with Prednisolone or other immunosuppressant therapy (eg: arthritis, colitis, chronic respiratory disease, etc)? If yes, please provide details including the name/s of the person/s affected.

Yes No

4.3 Have any of the applicants (both Primary and Secondary) had angina within the last six months? If yes, please provide details including the name/s of the person/s affected.

Yes No

4.4 Have any of the applicants (both Primary and Secondary) had heart problems requiring coronary angiography, stents or bypass grafting within the last 12 months or had such procedures more than three years ago? If yes, please provide details including the name/s of the person/s affected.

Yes No

4.5 Do any of the applicants (both Primary and Secondary) have a pacemaker or AICD (internal defibrillator)? If yes, please provide details including the name/s of the person/s affected.

Yes No

4.6 Have any of the applicants (both Primary and Secondary) had a Cerebrovascular Accident (stroke) or Transient Ischaemic Attack (TIA) in the last 12 months? If yes, please provide details including the name/s of the person/s affected.

Yes No

4.7 Do any of the applicants (both Primary and Secondary) have Diabetes resulting in eye, kidney, nerve or vascular complications? If yes, please provide details including the name/s of the person/s affected.

Yes No

4.8 Do any of the applicants (both Primary and Secondary) have HIV infection? If yes, please provide details including the name/s of the person/s affected.

Yes No

4.9 Do any of the applicants (both Primary and Secondary) have epilepsy? If yes, please provide details including the name/s of the person/s affected.

Yes No

4.10 Do any of the applicants (both Primary and Secondary) have Cystic Fibrosis? If yes, please provide details including the name/s of the person/s affected.

Yes No

4.11 Do any of the applicants (both Primary and Secondary) have a history of Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE)? If yes, please provide details including the name/s of the person/s affected.

Yes No

4.12 Are any of the applicants (both Primary and Secondary) pregnant up to 26 weeks which was the result of artificial reproductive techniques, which has had complications or is a multiple pregnancy? If yes, please provide details including the name/s of the person/s affected.

Yes No

SECTION 5 Criminal History Checks

PLEASE NOTE: It is a requirement that the Primary and all Secondary applicants over the age of 16 submit criminal history checks for every country that they have resided in for longer than one year.

Criminal histories are assessed on a case by case basis which may increase the application processing time and could result in the visa application being declined.

SECTION 6 Health and Community Services

PLEASE NOTE: Under the migration regulations, the Department of Immigration may decline an application on the basis that the Primary and/or Secondary applicant has a disease or condition that may result in a significant cost to the Australian community in the areas of health care and community services, regardless of whether the health care or community services will actually be used.

SECTION 7 Declaration

I declare that the information I have provided in this document is correct and complete.

I acknowledge my obligation to advise QAS if there is any change to this information prior to my commencement with QAS, including any emergency medical conditions or illnesses which may arise.

I understand that failure to advise QAS of any change may result in a reversal of a decision for employment or an offer of an Employer Sponsored Visa through the QAS.

Signature of Primary Visa applicant _____

Name of Primary Visa applicant _____ Date _____

Signature of Witness _____

Name of Witness _____ Date _____

SECTION 8 Office Use Only

- 8.1 Does the applicant require an Employer Sponsored Visa? Yes No
- 8.2 Does the applicant meet the age requirements? Yes No
- 8.3 Does the applicant meet the on-road experience requirements? Yes No
- 8.4 Does the applicant have appropriate qualifications? Yes No
- 8.5 Is the applicant prepared to commit to three years employment? Yes No
- 8.6 Do any of the applicants (Primary and/or Secondary) have a medical condition which would constitute an unacceptable risk? Yes No
- 8.7 Is there any reason why a Visa should not be sponsored? Yes No

COMMENTS

RECOMMENDATION

SUITABLE REFER TO MEDICAL DIRECTOR

Signature of Human Resources Delegate _____

Name of Human Resources Delegate _____ Date _____

MEDICAL DIRECTOR'S APPROVAL

SUITABLE UNSUITABLE

Signature of Medical Director _____

Name of Medical Director _____ Date _____