**Please Note: This page must be completed and attached to the front of your application.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Section 1 – Applicant Details** | | | | | | | | | | | | | | | | | |
| Advertised Role Title: | | |  | | | | | | | | | | | | | | |
| Applicant Family name: | | |  | | | | | Applicant Given Name: | | | |  | | | | | |
| Date of Birth (optional): | | | | |  | | | | | | | | | | | | |
| Do you identify as an Aboriginal or Torres Strait Islander? | | | | | | | | | | | | Yes | | | | No | |
| ELIGIBILITY (select one) | | | | Australian citizen | | | | | | | | Australian residency | | | | | |
| Visa:       (Type of Visa) | | | | | | | | | | | | | |
| Have you accepted a Targeted Voluntary Separation Package (TVSP) from the South Australian Public Sector in the last 3 years? | | | | | | | | | | | | Yes | | | | No | |
| **Are you currently employed by the SA Government?** | | | | | | | | | | Yes  *If yes go to section 2* | | | No  *If no, go to section 3* | | | | |
| **Section 2 – for existing SA Government Employees only** | | | | | | | | | | | | | | | | | |
| **Current Agency:** | |  | | | | | | | **Current Role Title:** | | |  | | | | | |
| **Current appointment status:** | | | | | | Ongoing | | | Term/contract | | | Other: | | | | | |
| **Section 3 – Applicant’s Declaration** | | | | | | | | | | | | | | | | | |
| **I declare that:** | | | | | | | | | | | | | | |  | |  |
| 1. Are you currently the subject of a formal underperformance process? | | | | | | | | | | | | | | | Yes | | No |
| 1. Are you currently the subject of an investigation/enquiry which may result in disciplinary action against you? | | | | | | | | | | | | | | | Yes | | No |
| 1. Have you been the subject of an investigation/enquiry resulting in disciplinary action against you? | | | | | | | | | | | | | | | Yes | | No |
| If you have indicated current or past involvement in any of these matters please provide relevant details on an attachment. The Department undertakes to maintain confidentiality as appropriate, subject to disclosures which have your consent, or are necessary for the processing of this application, or as otherwise required by law.  I declare that to the best of my knowledge the information in this application is true and correct. | | | | | | | | | | | | | | | | | |
| **Applicant’s signature: Date:**       **/**     **/** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Section 4 – Referee Details** | | | | | | | | | | | | | | | | | |
| REFEREE NAMES AND CONTACT NUMBERS: Please note that one of these referees must generally be your current line manager. (If you wish, provide details of additional referees on an attachment) | | | | | | | | | | | | | | | | | |
| **Referee One** | | | | | | | **Referee Two** | | | | **Referee Three** | | | | | | |
| Name: |  | | | | | | Name: |  | | | Name: | | |  | | | |
| Role Title: |  | | | | | | Role Title: |  | | | Role Title: | | |  | | | |
| Relationship: |  | | | | | | Relationship: |  | | | Relationship: | | |  | | | |
| Location: |  | | | | | | Location: |  | | | Location: | | |  | | | |
| Phone: |  | | | | | | Phone: |  | | | Phone: | | |  | | | |