



CWAATSICH
Charleville & Western Areas Aboriginal & Torres Strait Islander
Corporation for Health

Application Form

Instructions:

Thank you for applying for the position of the _____ with Charleville & Western Areas Aboriginal & Torres Strait Islander Community for Health Limited.

Please find attached the Selection Criteria and Position Description.

When lodging your application, please ensure you provide the following;

- A copy of this Application Form, signed and with relevant details clearly marked.
- Three copies of your resume detailing employment history, skills and experience, references and any other relevant supporting documentation.
- A statement of your responses to the Key Selection Criteria.
- The names of at least two (2) referees who are able to comment on your abilities against each Key Selection Criteria.

Note: Your application must be received by: _____/_____/_____

Personal Details (Please Print)

Given Names: _____

Surname: _____

Address: _____

Contact Home Phone Number: _____

Contact Mobile Phone Number: _____

Fax Number: _____

Email: _____

Signature: _____

Date: _____/_____/_____