



CREDENTIALING APPLICATION FORM

Credentialing Application Form

Complete this Credentialing Application form and return it to Operational Recruitment (external applicants) or the Director, Education (internal applicants) along with any supporting documents. Please note that all qualifications, transcripts and training records must be certified.

If you can't complete some of the areas associated with professional referees or previous employment leave them blank and the assessor who contacts you will discuss these requirements where applicable.

What NSW Ambulance position you are seeking recognition for?

Personal Details	
Surname	
Preferred Title (Mr, Mrs, Ms, Miss)	
First Name/s	
Any other name used	
Home Address	
Postal address if different from above	
Telephone Numbers	Home: Mobile:
Date of birth	
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>
Are you a permanent Resident of Australia	Yes <input type="checkbox"/> No <input type="checkbox"/>

Current Employment	
Are you currently employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, in which occupation are you currently employed?	
Who is your current employer?	

Defence Forces details (If Applicable)	
Branch of Service	
Trade classification on discharge	

Further Training	
Have you undertaken any training courses related to the occupation applied for	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes	
Occupation were you trained in	
Training completion date (month, year)	
Country where you trained	
Name of course and institution (if applicable)	
Is there any further information you wish to give in support of your application	

Professional Referees (Relevant to work situation).

This detail will be of benefit to you in this application nevertheless it is acknowledged that some circumstances may prohibit the inclusion of these details.

Reference 1	
Name	
Position	
Organisation	
Phone Number	
Mobile Number	
Email Address	

Reference 2	
Name	
Position	
Organisation	
Phone Number	
Mobile Number	
Email Address	

Reference 3	
Name	
Position	
Organisation	
Phone Number	
Mobile Number	
Email Address	

APPLICANT EMPLOYMENT HISTORY FORM

Name, Address and Phone number of Employers	Period of Employment (DD/MM/YYYY)	Position Held		Full Time Part-time Casual	Description of Major Duties
		From	To		

Attach additional sheet if required

If you are including documents in your application, please provide a brief description below

Document Description (e.g. resume, photos, certificates, etc.)	Office Use Only Assessor to use this section to align documents to specific units of competency and identify key questions for competency conversation

Declaration

I declare that the information contained in this application is true and correct and that all documents are genuine.

Applicant Signature: _____ Date _____

Send completed Application Form and other documents described above to:
Operational Recruitment (external applicants) or the Director, Education (internal applicants)