

Request for Employee



Your Employer Details

Date: _____

Name and Company: _____

Location: _____

Email Address: _____

Phone Numbers: _____

Position Available / Job Title: _____

Full Time Part Time Casual Fixed Term

Start Date: _____ Salary Range: _____

Hours: _____ Days: _____

Role Requirements: _____

Licence Requirements: _____

Access Limitations: Yes / No

The perfect fit for our company would have these traits:

Declaration:

This information will be kept confidential along with all other personal records, as required by the Health Information Privacy Act 2020. By signing this you agree to Geneva Healthcare confirming with the referral source the outcome of our Service Assessment.

Signed: _____ Date: _____

Please send completed form to: **Geneva Healthcare Employment Support Services**
Email: supportservices@genevahealth.com
Any queries, Call Free 0508 353 828 or (09) 531 5600.