

**Job Application Form**

To apply for an LMW position, complete the following fields, attach your **current** resume and email to [recruitment@lmw.vic.gov.au](mailto:recruitment@lmw.vic.gov.au) before the specified closing date/time

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| **POSITION DETAILS** | | |
| Advertised job title: | **Injury Prevention Specialist** | |
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| **YOUR DETAILS** | | |
| Full name: |  | |
| Email: |  | |
| Mobile: |  | |

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| **APPLICATION QUESTIONS** |

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| In addressing the application questions below please include details on your relevant:   * skills/knowledge * qualifications/licences/certificates * examples of experience |
| 1. Which of the following statements best describes your right to work in Australia? – 500 words max. |
| □ I have permanent work rights with no restrictions.  □ I have temporary work rights with no restrictions.  □ I have temporary work rights with restrictions.  □ I require sponsorship to work for a new employer. |

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| 1. Can you tell us about your experience in Injury Prevention, Injury Management and WorkCover claims management? – 500 words max. |
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