

**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 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
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| 1. Which of the following statements best describes your right to work in Australia? – 500 words max.
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| □ 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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