

DENTAL AGENCY

PO Box 4048, Harrisdale WA 6112 | ACN: 688 763 359
M: 0435 162 627 | E: info@dentalagency.com.au



Employment Application Form

(Temporary, Casual & Contract Staff)

Thank you for your interest in working with Dental Agency. Please complete this application form fully and accurately. All information provided will be handled confidentially and used for recruitment and placement purposes only.

Section 1: Applicant Details

Title: ☐ Mr ☐ Ms ☐ Mrs ☐ Other

Surname: _____ **Given Name(s):** _____

Date of Birth: ____ / ____ / ____

Residential Address:

Suburb: _____ **State:** _____ **Postcode:** _____

Mobile: _____ **Email:** _____

Section 2: Identification & Work Rights

Australian Resident or Citizen: ☐ Yes ☐ No

If No, please specify Country of Birth: _____

Passport Number (if applicable): _____

Visa Type: _____

Driver's Licence Number: _____

Primary Transport: ☐ Car ☐ Public Transport

Section 3: Emergency Contact

Emergency Contact Name: _____

Contact Number: _____

Section 4: Availability & Location Preference

Preferred Work Locations: ☐ North ☐ South ☐ All Suburbs ☐ Regional

Available Start Date: ____ / ____ / ____

Available Days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

Would you be interested in a part-time or permanent position if any of the dental clinics within our network are seeking staff?

Part-Time: ☐ Yes ☐ No

Permanent: ☐ Yes ☐ No

Section 5: Professional Details

Role(s) Applying For:

☐ Oral Health Therapist ☐ Hygienist

Graduate: ☐ Yes ☐ No

Total Years of Experience: _____

Qualifications & Training

Qualification	Institution	Year Completed
---------------	-------------	----------------

Professional Registration Body: _____

Registration Expiry Date: ____ / ____ / ____

Section 6: Clinical Skills & Competencies

Please tick all skills and competencies that apply:

- ☐ Orthodontics ☐ Periodontics ☐ Restorative PAEDS ☐ Restorative Adults ☐ Invisalign
☐ Comprehensive Oral Examinations ☐ Dental Radiography ☐ Clinical Imaging & Impressions
☐ Periodontal Screening ☐ Preventive Procedures ☐ Adult Scope ☐ Airflow Machine ☐ Whitening

Do you have experience with Steri (Autoclave)?

- ☐ Yes ☐ No
-

Section 7: Practice Software Experience

Please indicate any practice management software you have used:

- ☐ Hi-Caps, Accounts & Billing ☐ Dental 4 Windows (D4W) ☐ Oasis ☐ Exact ☐ Dentrix
☐ Practice Works ☐ Dentsoft ☐ Core Practice ☐ Dentally ☐ Praktika ☐ Titanium ☐ Ultimo
☐ Carestack ☐ Principle ☐ Dental4Web ☐ Zavy 360 ☐ Clinicko
☐ Other: _____
-

Section 8: Payroll & Superannuation

Bank Name: _____

BSB: _____

Account Name: _____

Account Number: _____

Superannuation Details

Dental Agency contributes superannuation in accordance with current legislation.

Super Fund Name: _____

Member Number: _____

Section 9: Taxation

Tax File Number (TFN): _____

Do you want to claim the tax free threshold?: ☐ Yes ☐ No

Section 10: Employment History (Current / Additional)

Please list any current or additional employment:

Employer	Role	Employment Type	Period
----------	------	-----------------	--------

Section 11: Workplace Health & Safety

Have you ever made a workers' compensation or workplace injury claim? ☐ Yes ☐ No

If yes, please provide brief details:

Do you have any existing medical conditions or injuries that may affect your ability to perform the role?

☐ Yes ☐ No

If yes, please provide brief details:

NB: Section 79 of the *Workers' Compensation and Injury Management Act 1981* states that where a worker willfully and falsely represents that they have not previously suffered from a relevant disability when entering or seeking employment, a dispute resolution body may refuse to award compensation that would otherwise be payable.

The Dental Agency reserves the right to request a Functional Capacity Assessment, at your own expense, if it is deemed necessary to assess your suitability for employment.

Section 12: Immunisation History (Summary)

Please indicate completed vaccinations and attach supporting evidence where available:

☐ COVID-19 ☐ Hepatitis B ☐ Influenza ☐ MMR ☐ Varicella ☐ Pertussis ☐ Polio ☐ TB / BCG

Section 13: Clearances (If Held)

- ☐ Working With Children Check (attach supporting evidence)
 - ☐ Police / Criminal Record Check (attach supporting evidence)
-

Section 14: Shift Booking & Acceptance

All shift bookings will be communicated via text message and/or WhatsApp. A shift will only be considered confirmed once the staff member has replied confirming their acceptance of the shift. Until confirmation is received, the booking remains unconfirmed and may be offered to another staff member.

Section 15: Declaration & Consent

I declare that the information provided in this application is true and correct to the best of my knowledge. I understand that providing false or misleading information may affect my employment with Dental Agency.

I consent to Dental Agency collecting, storing, and using my personal information for recruitment, placement, and compliance purposes.

Applicant Signature: _____ **Date:** ____ / ____ / ____
