



### ADDITIONAL INFORMATION

1. Have you ever had a visa refused or cancelled for Australia or any other country?

☐ Yes ☐ No

If yes, provide details: \_\_\_\_\_

2. Do you have any criminal convictions or any pending court matters?

☐ Yes ☐ No

If yes, provide details: \_\_\_\_\_

3. Do you have any medical conditions that require ongoing treatment?

☐ Yes ☐ No

If yes, provide details: \_\_\_\_\_

4. Are you currently working, or planning to work, in a healthcare or aged care facility?

☐ Yes ☐ No

If yes, provide details: \_\_\_\_\_

### DECLARATION

I declare that the information provided above is true and complete to the best of my knowledge.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_