A close up of a logo

Description automatically generated

**CONFIDENTIAL**

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| GENERAL MANAGER & EXECUTIVE STAFF  EXPRESSION OF INTEREST – LOCUM WORK |

Date:

Your Name:

Contact Mobile number:

Residential Address:

Email:

What type of roles are you seeking Locum work in (please indicate)?

|  |  |  |  |
| --- | --- | --- | --- |
| General Manager |  | Director/Executive |  |
| Other (Please specify) |  |  | |

What areas are you seeking work in (please indicate)?

|  |  |  |  |
| --- | --- | --- | --- |
| General Management |  | Community Services |  |
| Corporate/Administration Services |  | Planning & Environment |  |
| Engineering/Infrastructure |  | Project Management |  |
| Legal |  | Economic Development |  |
| Finance |  | Human Resources |  |
| Other (Please specify) |  |  | |

What Areas/Regions of NSW would you be able to work in (please indicate):

|  |  |  |  |
| --- | --- | --- | --- |
| Illawarra |  | Metropolitan Sydney |  |
| Newcastle/Central Coast |  | Northern NSW |  |
| Southern NSW |  | Western NSW |  |
| Central NSW |  | Other (Please specify) |  |

Please indicate your availability and the length of contracts you would consider:

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Employment Summary - Please provide details below on your last 3 positions

|  |  |  |  |
| --- | --- | --- | --- |
| Position Title | Employer | From | To |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Tertiary Qualifications – Please provide details below

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Qualification | Tertiary Institution | | | Date of Award | | |
|  |  | | |  | | |
|  |  | | |  | | |
|  |  | | |  | | |
|  |  | | |  | | |
| Do you have a current Drivers Licence? | | Yes |  | | No |  |
| Do you have access to a private vehicle for use? | | Yes |  | | No |  |
| Are you able to temporarily re locate and work on site if required? | | Yes |  | | No |  |
| Are you able to obtain an ABN and appropriate business related insurance should it be required? | | Yes |  | | No |  |
| Are you an Australian citizen or Permanent Resident? | | Yes |  | | No |  |

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| What minimum daily/hourly rate are you seeking? |
|  |
| Please indicate the notice period we would be required to give you before commencing an assignment? |
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| Please provide details below on two current referees we can contact (Note we would not contact these referees till we had first spoken to you and obtained your approval) |
| Name:  Contact Number:  Their position:  Their relationship to you: |
| Name:  Contact Number:  Their position:  Their relationship to you: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consent for us to promote and provide your details to prospective Councils for work assignments? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consent for us to undertake Police, Bankruptcy and Education background checks should they be required prior to commencing a locum assignment? | Yes |  | No |  |

**NOTE:** Please email this document along with a copy of your current resume to[lgms@lgnsw.org.au](mailto:lgms@lgnsw.org.au?subject=Locum%20EOI)