



## DETAILS OF ADVERTISED VACANCY

Reference number (if any)

Position title

How did you learn of this vacancy?

## PERSONAL DETAILS

Surname

Given name(s)

Preferred name

Gender

Man/Male  Woman/Female  Non-binary

Prefer not to answer  Uses a different term

Address

Mobile

Alternative phone no.

Email address

## CITIZENSHIP

Are you an Australian citizen?

Yes  No

If no, do you have Australian permanent residency?

Yes  No

If no, do you have a visa permitting you to work in Australia?

Yes  No

## WORKPLACE DIVERSITY DETAILS

Are you of Aboriginal or Torres Strait Islander origin?  Yes  No  Prefer not to answer

If yes, what is your Ancestry?  Aboriginal  Torres Strait Islander  Both Aboriginal and Torres Strait Islander

Are you from a non-English speaking background?  Yes  No

Do you have a disability?  Yes  No

If you are selected for interview do you require any special arrangements to be made? For example, telephone interview, special access requirements? If yes, please specify:

## CRIMINAL CONVICTIONS

In the last ten years have you had any criminal convictions (including juvenile convictions) recorded?

Yes (if yes, please provide details below)  No

The disclosure of a criminal conviction will not automatically disqualify you from consideration for this vacancy. Successful applicants will be subject to background screening to ensure that IBA complies with its obligations under the Anti-Money Laundering and Counter Terrorism Finance Act. These checks include a National Police Check.

## CONFLICTS OF INTEREST

Are you aware of any matters that might result in a conflict of interest if you are employed by IBA?  
For example, do you or an immediate relative:

- have an existing IBA loan (or directorship or interest in an entity with an IBA loan)?
- hold a directorship or interest in a supplier to IBA or other business?

Yes (if yes, please provide details below)  No

Please note that it is a requirement that all IBA employees disclose any conflicts of interest but the existence of such a conflict will not automatically disqualify you from consideration for this vacancy.

## HEALTH AND FITNESS DETAILS

Do you have any health condition(s) that may adversely affect your ability to perform the duties of the position you are applying for with IBA? If yes, please provide details below. You may also include, if applicable, any suggested reasonable adjustments to the position that you believe may be made to accommodate your condition(s).

## EMPLOYMENT / EDUCATION DETAILS

Who is your current employer?

When did you commence with this employer?

What is your current remuneration?

What is the highest educational qualification that you hold?

## PRIVACY

You acknowledge that by submitting an application for employment to IBA, you acknowledge that you are providing us with personal information (including sensitive information) subject to the Privacy Act and that you (and any person whose personal information you are providing us with) consent to the collection, use and disclosure of your personal information (including sensitive information) in accordance with the IBA Privacy Policy and the personal information collection notice available at

[iba.gov.au/careers/current-vacancies](http://iba.gov.au/careers/current-vacancies)

## REFEREES

Please provide details of two referees. By completing this section, you are giving permission for IBA to contact your referees to obtain information relevant to your application. Ideally you should nominate referees from your current or most recent employment.

Please indicate if you would prefer to be advised before IBA contacts your referees? This would usually only occur after the interview, and if you are one of the preferred candidates.

Yes  No

<b>Referee 1</b>
Name and position <input type="text"/>
Organisation <input type="text"/>
Working relationship with you <input type="text"/>
Phone <input type="text"/>
Email <input type="text"/>

<b>Referee 2</b>
Name and position <input type="text"/>
Organisation <input type="text"/>
Working relationship with you <input type="text"/>
Phone <input type="text"/>
Email <input type="text"/>

**I declare that the information I have entered in this document is true and correct at the time of submission.**

Signature

\_\_\_\_\_

Date

/  /