



Durri Aboriginal Corporation Medical Service
Servicing the Macleay and Nambucca Valleys
ABN 52 730 046 875 ICN 27

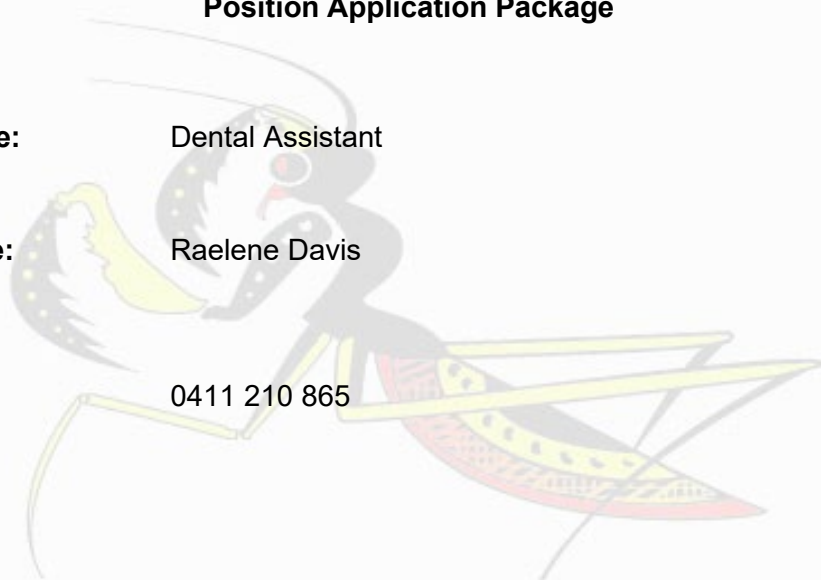
With Compliments

Position Application Package

Position Name: Dental Assistant

Contact Name: Raelene Davis

Telephone: 0411 210 865



General Conditions of Employment

Position:	Dental Assistant
Award:	ATSIHWP + ACCHS 2020
Classification:	Dental Assistant - Grade 2
Salary packaging:	To calculate your potential benefit follow the link https://eziway.net.au

Application: Your application should consist of four parts:

- 1. Completed application form (page 4)**
- 2. Selection Criteria - *Your application must answer all of the Selection Criteria essential questions, for example the questions listed 1 to 8 below, or your application will be marked unsuccessful.***

Selection Criteria:

Essential:

1. Post secondary qualifications in Dental Assisting or equivalent
2. Demonstrated knowledge, skills and experience in assisting in a range of dental procedures
3. Sound knowledge of community dental health, public dental health, and Aboriginal dental health
4. Experience building relationships and working with health service agencies, non-government organisations, community groups and medical professionals at all levels
5. Proven continuous development of professional competencies and qualifications
6. Ability to hold all relevant security clearances including the National Police Check and Working with Children clearances
7. Current valid Driver's license, minimum of Class "C" or equivalent
8. Computer Literacy

Core Competencies –

1. Strong interpersonal skills, including the ability to demonstrated empathy when required
2. High level written and verbal communication skills
3. Analysis and problems solving skills
4. Sound level of numeracy and demonstrated attention to detail
5. Demonstrated ability to work flexibly within tight time schedules and in accordance with variable workload demands
6. Ability to build relationships with all levels of the organisation and the community

3. Resume

4. Supporting documents

- Working with children check, qualifications, registration, driver licence, national police check
- Vaccination Declaration Form, Appendix 6

(Adopted and endorsed by Durri CEO Clinical Governance Committee 10 May 2023)

Click on the links below to Complete NSW Health Undertaking/Declaration Form & find Occupational Assessment, Screening and Vaccination against Infectious Diseases Policy.

This form must be completed by all new workers, students and existing staff applying for new positions or undergoing vaccination and screening requirements outlined in the NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy Directive (the "policy directive"). This includes volunteers/facilitators/ contractors (including visiting medical officers and agency staff) who provide services for or on behalf of Durri ACMS.

<https://www.health.nsw.gov.au/immunisation/Documents/Occupational/appendix-6-declaration.pdf>

https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2023_022.pdf

Email your completed application to: Recruitment@durri.org.au

or

Post marked confidential to:

Application Human Resources
Durri Aboriginal Corporation Medical Service
PO Box 136
Kempsey NSW 2440

Closing Date: Tuesday 07 January 2025 by 5.00pm

Application Form

Full Name:

Address:

Email Address:

Contact Number:

Date of Birth:

Drivers Licence: Yes No Class: Expiry date:

Do you identify as Aboriginal and or Torres Strait Islander? Yes No

Do you identify as having a disability? Yes No

Are you an Australian citizen or permanent resident? Yes No

Have you attached your Working with Children check? Yes No

WWCC No:.....

Have you attached your National Police Check? Yes No

Date of issue: Yes No

Have you attached your NSW Health Undertaking/Declaration Form? Yes No

Have you attached your Qualifications? Yes No

Have you attached your registration if applicable? Yes No

Where did you see this position advertised?

List two referees (one being a current manager)

Referees	Referee 1	Referee 2
Name:		
Title:		
Organisation:		
Contact Details:		
Email Address:		