



Lifescreeen Application Form

Personal Details

First Name: Surname:

Address:

State: Postcode:

Phone Numbers:

Home: Work: Mobile:

Professional Details

Are you a current Registered Nurse within Australia? YES NO

If so, please specify if you are an RN (DIV1) or EN (DIV2)

Are you proficient in the following:

ECG YES NO

VENEPUNCTURE YES NO

SPIROMETRY YES NO

HEALTH ASSESSMENTS YES NO



Essential Requirements:

- DO YOU HOLD A CURRENT DRIVERS LICENCE YES NO
- DO YOU HAVE A VEHICLE YES NO
- ARE YOU WILLING TO UNDERGO A POLICE CHECK YES NO
- Do you have a computer with Internet Access? YES NO

Please note as a Lifescreen Consultant, you will need both an ABN Number and Professional Indemnity/Public Liability cover.

*To apply for an ABN, please log on to the Australian Tax Office website on:
www.ato.gov.au*

Please state the areas you wish to cover:

Thank you for your application. Please fax this form to: 1800 804 758.

You will receive a phone call within the next few days if your application has progressed to the next stage