



## DERBARL YERRIGAN HEALTH SERVICE Inc

### Permission to retain a resume

#### Section A - Personal details

First name : Middle name: Last name:

Address:

Mailing address (if different):

Email Address:

Date of Birth:

Contact number:

Age:

Alternative contact details:

Male/Female:

Aboriginal or Torres Strait Islander: Y/N

#### Section B - Permission

Signature:

Date:

By signing, I understand that DYHS may retain a copy of my resume on file/electronic file for three months and this will only be assessed by Human Resource Department and/or DYHS Managers. In the event that the suitable position/vacancy becomes available within the next three months, I give permission to DYHS HR department to contact myself using my contact details which are contained on my resume. At the end of three month period, my application will be destroyed.