

APPLICATION FOR EMPLOYMENT

Domestic and Support Workers – Aged Care and Disability Support

First name

Last name

Phone:

Email:

Address:

I am interested in the following type of work: (Please number in order of preference)

Disability Work

Aged Care Work

I am interested in: (Please number in order of preference)

Permanent part time position

Casual position

Do you hold a relevant qualification (Certificate III in individual support – aged care or disability support)?

Yes

No

No but currently completing

Please give details of your qualification(s)

	YES	NO
If you do not have a Certificate 111 in individual support, are you willing to complete one?		
Do you have a current National Police Certificate?		
Do you have a current Working With Children Check (Blue Card)		
Do you have a current NDIS Worker Screening Check (or valid Yellow Card/yellow card exemption)?		
Do you have a current First Aid and CPR certificate?		
Are you fully vaccinated for COVID-19? (Vaccination certificate will be required)		
Are you an Australian resident or eligible to work in Australia (and can provide evidence)?		
Do you have a comprehensively insured car that you can use for work?		
Are you willing to use your car to transport clients into the community and to travel between client's homes/work locations? (We pay a travel allowance)		
Have you completed the NDIS Worker Orientation Module (Disability workers only)		

I have the following type of driver's licence

Please advise any restrictions on your licence or driving ability (e.g. medical, hours of use, distances able to travel).

If you are on a Visa, please advise what type and any associated working restrictions

The inherent duties you may be required to undertake may require (but are not limited to) the following physical requirements:

Lifting and moving objects

e.g. Transfer a wheelchair or wheelie walker out of a car, carry groceries, lift a vacuum cleaner, lift and move wet laundry.

Bending, twisting and squatting

Tie clients' shoelaces, adjust wheelchair footplates, assist with showering and other personal care.

Operating support equipment

Push wheelchair, operate hoist.

Do you have any restrictions or pre-existing conditions that may impact upon your ability to perform such tasks?

No – I do not have any restrictions or pre-existing conditions

Yes – I do have restrictions and/or pre-existing conditions - provide details below

AVAILABILITY

Ideally, the total number of hours I would like to work each fortnight are: ____ hours

The number of days I would like to work each week are:

- 1
- 2
- 3
- 4
- 5

What days/times are you available to work?

Monday	All day	Morning	Afternoon	Evening
Tuesday	All day	Morning	Afternoon	Evening
Wednesday	All day	Morning	Afternoon	Evening
Thursday	All day	Morning	Afternoon	Evening
Friday	All day	Morning	Afternoon	Evening
Saturday	All day	Morning	Afternoon	Evening
Sunday	All day	Morning	Afternoon	Evening

If your availability is different to the above, please advise (e.g. only available during school hours)

DECLARATION BY APPLICANT

I declare:

- That the answers to the forgoing questions are, to the best of my knowledge, true and correct.
- I accept that I will be required to provide current probity checks applicable to the role and accept that the cost is to be paid by me. Such checks are to be renewed prior to expiry and failure to do so will result in my removal from the roster until valid check/s are provided. (Checks are Blue Card and NDIS Worker Screening check (or valid yellow card/yellow card exemption).
- I accept that I will be required to obtain the following (at my own expense) **prior to** commencing work if I am successful:
 - First Aid/CPR Certificate
 - NDIS Worker Orientation (if working in Disability Support) – there is no charge for this.
- I understand that any false declaration made in this application subjects me to dismissal.

Signed:

Date: