

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 Working With Children Check (Blue Card)		
Do you have a current NDIS Worker Screening Check?)		
Do you have a current First Aid and CPR certificate?		
Are you an Australian resident or eligible to work in Australia?		
Do you have a current drivers licence?		
Do you have a comprehensively insured car that you can use for work?		
Are you willing to obtain a roadworthy certificate for your vehicle?		
Are you willing to use your car to transport clients into the community and to travel between client's homes/work locations? (Travel allowance is paid)		
Have you completed the NDIS Worker Orientation Course (Disability applicants 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 and mop, lift and move wet laundry, change bed linen etc.

Bending, twisting and squatting

e.g. Tie clients' shoelaces, adjust wheelchair footplates, assist with showering and other personal care along with other domestic duties such as cleaning bathroom, shower and toilet and hanging laundry.

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 (including sleepover)
Tuesday	All day*	Morning	Afternoon	Evening (including sleepover)
Wednesday	All day*	Morning	Afternoon	Evening (including sleepover)
Thursday	All day*	Morning	Afternoon	Evening (including sleepover)
Friday	All day*	Morning	Afternoon	Evening (including sleepover)
Saturday	All day*	Morning	Afternoon	Evening (including sleepover)
Sunday	All day*	Morning	Afternoon	Evening (including sleepover)

*All day is being available for the full 24 hour period (including sleepovers - Disability Program only). If you have ticked Morning and/or Afternoon, please indicate the times you are available to work from below (e.g. 7.00am to 4.00pm).

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)
- 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: