

EMPLOYMENT APPLICATION



Please complete this application form (and if desired attach your Resume) and copies of relevant qualifications and forward to:



Ability Assist
PO Box 5078
Brunswick
Victoria 3056



(03) 93835277

EMAIL



admin@abilityassist.com.au

YOUR DETAILS

Mr SURNAME
 Mrs
 Ms GIVEN NAME

DATE OF BIRTH

DATE OF APPLICATION

ADDRESS

PHONE

SUBURB

MOBILE

POSTCODE

ARE YOU ELIGIBLE FOR EMPLOYMENT WITH ABILITY ASSIST?

Are you an Australian Citizen YES NO If NO you must provide evidence of your right to work.

Do you have a current Police Check (within the last 12 months) YES NO
 (Applicants cannot commence work without a current Police Check i.e. within the last 12 months)

Do you have any convictions? YES NO
 If yes. Do you want to tell us about these convictions? YES NO
 Please outline?

Do you have a current Working With Children Check? YES NO

Have you ever been investigated for any allegations of sexual misconduct ? YES NO

Have you ever been involved in any form of child abuse? YES NO

Do you have a current drivers licence? YES NO

Do you have / or have access to a reliable, registered vehicle? YES NO

TYPE OF WORK YOU ARE WANTING

PERSONAL CARE CHALLENGING BEHAVIOUR RESIDENTIAL SLEEP OVERS

RECREATION HOUSE KEEPING / CLEANING DAY PROGRAM ACTIVE NIGHTS

TIMES YOU ARE AVAILABLE ADMIN

TIME	MON	TUES	WED	THURS	FRI	SAT	SUN
EARLY MORNING							
MORNING							
AFTERNOON							
EVENING							
ALL NIGHT							

PREVIOUS EMPLOYMENT

EMPLOYER	DATES	DUTIES	REASON FOR LEAVING

EXPERIENCE AND QUALIFICATIONS IN THE DISABILITY FIELD

Please attach copies of qualifications and list below.

QUALIFICATIONS

- 1
- 2
- 3
- 4

EXPERIENCE

WORKING WITH PEOPLE

- With physical disability
- With Intellectual disability
- With Psychiatric disability
- With Hearing Impairment
- With Visual Impairment
- With Communication impairment

Adults	Children

TASKS

- Mealtime assistance
- PEG
- Hoisting
- Cather care
- Condom drainage
- Personal care

OTHER RELEVANT SKILLS OR EXPERIENCE

Do you speak any language other than English? If so what language/s?

PRE-EXISTING INJURIES OR DISEASES

DisAbility Assist is committed to ensuring all its employees work safely and are matched appropriately to clients. We do not want to place staff at risk so it is important for us to know of any considerations we need to make to place you. It is your responsibility to disclose any information about pre-existing injuries or disease, e.g. back problems, that could reasonably be affected by the nature of the work.

Have you ever been injured at work? If yes please briefly describe.

YES

NO

Have you ever been on workcover? If yes what for?

YES

NO

Are you currently on workcover? If yes what for?

YES

NO

I declare I have a pre-existing injury or disease.

YES

NO

Please explain?

I have read the Position Description for the Disability Support Worker position and understand the nature of the work.

I declare I am not aware of any pre-existing injury or disease that may be affected by the work.

Under Section 82 (7&8) of the Accident Compensation Act 1985 failure to disclose information regarding pre-existing injuries or diseases may result in the worker not being entitled to WorkCover compensation for that particular injury or disease in the event of reoccurrence, aggravation, acceleration, exacerbation or deterioration of the condition.)

REFEREES

Please provide 3 referees including

NAME	ORGANISATION	PHONE NUMBER

SPECIAL REQUIREMENTS

All Disability Support Workers are employed on a casual basis

All Disability Support Workers must complete a 2 day unpaid Training Program prior to commencement unless they can demonstrate that they have successfully completed training in the course content within 4 months prior to commencement..

A 3 month probation period from commencement applies. At the end of the 3 months staff are required to demonstrate competency in Manual Handling & Hoisting, Infection Control, OH&S and Administration of Medication.

All staff are required to have a satisfactory Police Check prior to interview and must notify DisAbility Assist of any convictions obtained during the course of their employment within 1 week of the conviction.

All staff must have a Working With Children Check prior to commencement.

First Aid Level 2 is preferred and staff will be encouraged to complete this within 3 months of commencement.

Certificate IV in Disability is mandatory. If you do not have Certificate IV or equivalent you will be required to undertake a traineeship or gain the qualification independently.

APPLICATION DECLARATION

I declare that the information I have provided is true and correct and that if I am employed I will follow all Company Policies and Procedures. I agree to you contacting the referees listed above.

Signed

Applicant

Date

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