

Administration

196 Corio Street

P.O. Box 7268

Shepparton, 3632

phone(03)5822 2611

fax (03)5822 2911

APPLICATION FORM

For Employment as an Attendant Carer

About yourself

Name:

Date of Birth:/...../..... **Age:** **Male / Female**

Address: Number:**Street:**

Town: **Postcode:**

Phone: **Mobile:**

Answering machine: **Yes / No**

Country of Birth: **Languages Spoken:**

Best time to contact:

Vehicle

Transport: **Car / Motorcycle / Bicycle / Public Transport**

License: **Yes / No** **Manual / Automatic** **Cylinders: 4 / 6 / 8**

Do you have comprehensive insurance on your car: **Yes / No**

Insurer: **Policy Number:**

Availability

Please mark with tick the days and times you are available for work:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
EARLY AM							
MORNING							
LATE PM							
EVENING							
OVERNIGHT							

Are you looking for: Casual / Permanent Part Time / Full Time Employment.

Ideally how many hours per week would you like to work:

Are you happy to work short shifts (eg. 1 – 2 hours): Yes / No

Comments:

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Skills

Following is a list of duties / tasks you may be expected to perform as an Attendant Care Worker

Please indicate your ability / willingness to perform each task:

Personal Care	Will not do	Willing & require training	Have experience & training
Bathing			
- Bath			
- Shower			
- Bedbath			
Shaving			
Grooming			
Dressing			
Lift / Transfer			
Toileting			
Drainage			
- Colostomy			
- Condom Drainage			
- Ileostomy			
Respiratory Care (ventilator)			
Exercise			
Assist with Communication Aids			
Bowel Care			
Correspondence			
Banking			
Shopping			
Other (please specify)			

Comments:

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Household Duties

The following table list household duties you may be expected to perform as an Attendant Care Worker:

Please indicate your willingness to perform each of these tasks:

Household duties	Will not do	Willing & require training	Willing & experienced
Meal			
- Preparation			
- Cooking			
- Assistance			
Light cleaning			
- Dishes			
- Vacuuming			
- Sweeping			
- Dusting			
- Kitchen			
- Bathroom			
Bed making			
Laundry			
- Washing			
- Ironing			
Light outdoor jobs			
Maintenance of Aids & Equip			
Other (specify)			
Recreation			
- Movies			
- Socialising			

Comments:

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(To assist us in matching to clients)

Please list your personal interests or hobbies:

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We request that you disclose any pre-existing injuries, or diseases of which you are aware and could reasonably be expected to foresee, could be affected by the nature of the position you are applying for.

***Note:** 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 entitled to WorkCover compensation for that particular injury or disease in the event of recurrence, aggravation, acceleration, exacerbation or deterioration of the condition.

Are you aware of any pre-existing injury or disease that may be affected by this work?
If Yes, please declare any pre-existing injury or disease.

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Are you prepared to have a medical examination to confirm your fitness to work as an Attendant Carer. **Yes / No**

Work History

Current work / study details:

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Qualifications / Training:

Qualification	Level attained
Aged Care Certificate	
Disability Care Certificate	
First Aid Certificate	
Others (specify)	

Have you worked as an Attendant Care Worker? **Yes / No**
If yes, please provide details such as organisation and period of employment.

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If no, please provide details of previous employment that you believe has relevance to Attendant Care Work.

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Why have you applied for work as an Attendant Care Worker?

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What would you see as your main roles as an Attendant Care Worker?

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Have you read the Position Description outlining duties and requirements of the job?

Yes / No

Do you feel there are any reasons why you cannot perform the inherent requirements of the job?

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Previous Employers

Please provide three previous employment details in space provided:

Place of employment:
Term of Employment:
Address & Phone No:
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Position held:
Reason for leaving:

Place of employment:
Term of Employment:
Address & Phone No:
.....
Position held:
Reason for leaving:

Place of employment:
Term of Employment:
Address & Phone No:
.....
Position held:
Reason for leaving:

Please note that these Employers maybe contacted for verification.

Referees

Please provide information of referees that can provide a reference for you:
(Seek referees approval prior to completion)

Name:
Phone No:
Business Name:
Address:
.....
Position held:

Name:
Phone No:
Business Name:
Address:
.....
Position held:

Name:
Phone No:
Business Name:
Address:
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Position held:

Are there any other comments or information that you feel may assist us with processing your application?

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Police Check

A current Police Check is mandatory for all prospective Attendant Care Workers. Do you hold a current (within 6 months) clean national police check? If yes, original copy must be sighted. If no, are you willing to undertake a Police Check?

YES.....CLEAN YES.....NO (you may still be eligible).....

NO.....ARE WILLING.....ARE NOT WILLING.....

Have you been charged or convicted of a criminal offence in Australia or overseas? If yes, you are required by law to outline the nature and date of the offence(s) other than convictions under Commonwealth law that occurred more than 10 years ago.

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Signature:

Date:/...../.....

Privacy information

It is Country Care Pty Ltd policy to involve clients in all decisions affecting their care, including the recruitment of Attendant Carers on their programs. Therefore as part of the recruitment and selection processes copies of applications that meet the key selection criteria will be forwarded to clients so they can decide who they would like to interview or bring onto their program.

Do you give Country Care Pty Ltd permission to forward your application form to client as part of the recruitment and selection process. Yes / No

Signature:

Date:/...../.....

*Note: please contact the Country Care Office if you do not want any part of your information forwarded onto clients, or require further information about Privacy Information disclosure.

Declaration

I declare that the information I have provided is, to best of my knowledge, true and correct. I understand that if it is found that I have knowingly provided false information then my application may be rejected or if already employed, my service may be terminated. I also understand that any aggravation of an injury or disease not declared on this form will not be eligible for support through Country Care Pty Ltd or it's insurers. I fully understand that if my application is successful, all information concerning Country Care Pty Ltd, it's management, consumers and Attendant Carers is strictly confidential, and any unauthorised disclosure of this information may be considered a breach of confidentiality under the Privacy Act and may result in the termination of my employment.

Signature:

Date:/...../.....