

Working together to build a better future

EMPLOYEE DETAILS UPDATE

EMPLOYEE CONTACT DETAILS										
Name										
Address										
Suburb			State		Postcode					
Email address										
Home Phone										
Mobile Number										
EMERGENCY CONTACT DETAILS (please provide two):										
Emergency Contact 1										
Name										
Phone Number		Relationship to you:								
Emergency Contact 2										
Name										
Phone Number		Relationship to you:								
BANKING DETAILS										
Account Name										
Bank										
BSB		Account Number								

QF202



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CITIZENSHIP Are you an Australian Citizen? Yes or No (please circle) If no: Yes or No (please circle) Are you a permanent resident? Do you have a Working Visa? What Yes or No (please circle) is the expiry date? (Please attach a / / photocopy of your Working Visa) Are there any restrictions? **QUALIFICATIONS** Yes or No (please circle) First Aid Expiry: _____/___/____ Yes or No (please circle) Manual Handling Expiry: ____/ / No (please circle) Clearance Type: Yes or **DSCI** Clearance (Please specify type of Expiry: ____ / / clearance) Yes or No (please circle) Please provide details regarding your qualification(s): Certificate III in Disability Services/Community Services Other qualifications

QF202



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LANGUAGES											
Primary Lang	uage										
Secondary Language											
AVAILABILITY (Please tick in the boxes the shifts you are available to work & are not											
already rostered on for)											
	Sun	Mon	Tue	Wed	Thu	Fri	Sat				
7am - 8am											
8am - 9am											
9am - 10am											
10am - 11am											
11am - 12pm											
12pm - 3pm											
3pm - 6pm											
6pm - 9pm											
9pm - 11pm											
Overnight											
How far are you willing to travel for shifts? (Please specify in kilometres)											
LICENCES											
Do you have	a current driv	(please circ	ase circle)								
Do you have access to your own vehicle which is reliable?						· No (please circle)				
Are you currently transporting one or more of your clients? (Please attach a copy of your current driver's licence, registration papers and insurance documents)						· No (please circle)				
All information I have provided is true and correct											
Signed											