



Working together to build a better future

QF206	APPLICATION FOR EMPLOYMENT as a CARE WORKER
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APPLICANT DETAILS					
First and Middle Names		Surname			
Address					
Suburb		State		Postcode	
Email address			Mobile Number		
Gender	Male / Female (please circle)		Date of Birth		
Do you wish to identify yourself as	<input type="checkbox"/> Indigenous <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither <input type="checkbox"/> Do not wish to disclose				
Do you have a current South Australian Driver's Licence?	Yes or No (please circle)				
Driver's Licence Number		Driver's Licence Expiry			
Do you have access to your own vehicle which is reliable?	Yes or No (please circle)				
Are you an Australian Citizen?	Yes or No (please circle)				
If no:					
Are you a permanent resident?	Yes or No (please circle)				
Do you have a Working Visa? What is the expiry date? (Please attach a photocopy of your Working Visa)	Yes or No (please circle) Expiry:				
Are there any restrictions?					

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Enhanced Lifestyles (EL) and Lifestyle Assistance and Accommodation Service (LAAS) will obtain personal information about you i.e. date of birth, passport details and visa status that enables us to conduct a Visa Entitlement Verification Online (VEVO) enquiry. If you are not entitled to be in Australia, the Commonwealth may use our VEVO account details to locate you. If you agree to us conducting a VEVO inquiry now and in the future during the course of your employment, please complete the details below.

I acknowledge the above and provide my consent to EL/LAAS to obtain, collect, use and disclose personal information in the manner described above.

Passport Number		Issuing Country	
Signature		Date	
MINIMUM REQUIREMENTS DETAILS			
DCSI Child-related or Disability Related Clearance	Clearance type:		
	Expiry:		
First Aid	Expiry:		
CPR	Expiry:		
Manual Handling	Expiry:		



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RELEVANT TRAINING, EXPERIENCE, OR QUALIFICATIONS				
Certificate III in Disability Services/Aged Care/Individualised Support/Community Services	Please provide details regarding your qualification(s):			
Please list details of any other certificates/diplomas/degrees you have completed				
Year Completed	Qualification	Institution		
Other qualifications (please tick all that apply)	<input type="checkbox"/>	Continence	<input type="checkbox"/>	Peg Feeding
	<input type="checkbox"/>	Bowel	<input type="checkbox"/>	Safe Food Handling
	<input type="checkbox"/>	Infection Control	<input type="checkbox"/>	Wound Management
	<input type="checkbox"/>	Child Safe Environments (mandatory reporting)	<input type="checkbox"/>	Medication Awareness
Primary Language				
Secondary Language				
EMERGENCY CONTACTS				
Name				
Phone Number	Relationship to you:			
Name				
Phone Number	Relationship to you:			

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Are there any other organisations you have regularly worked or volunteered at for the past 5 years that have provided you with relevant skills or experience you would like us to know about? If so, please list all positions below including relevant dates, skills obtained, and organisations.

Care Workers’ duties can involve being on your feet, heavy lifting, and physical or demanding work assisting Customers/Clients with varying tasks. The inherent requirements of the role may involve the following functions:

- Repetitive bending and stooping
- Repetitive gripping and handling
 - Repetitive kneeling
- Standing/walking for extended periods
 - Frequent pivoting
 - Work above shoulder height
 - Reaching and stretching
- Manual handling (customer and equipment)

Please provide details below if you have any injuries, illnesses or disabilities which you are aware of and which you believe may prevent you from performing any of the above tasks. If you are unable to do these tasks, let us know as you might not be suitable for the position.

Please note if you fail to disclose an existing condition, then any future aggravation of your condition arising out of your employment may be disqualified from compensation under applicable Return to Work Legislation.

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I accept that each customer wants and requires different duties for different shifts. I am aware I may be asked to do any of the following tasks, and by agreeing to work for EL/LAAS I agree to complete the following tasks to the best of my ability and with the safety of myself and the customer in mind:

- Activities of Daily Living: Showering, toileting, grooming, meal preparation, medication, mobility.
- Domestic Cleaning: Dusting, vacuuming, washing, mopping, cleaning bathrooms/toilets, sweeping, light gardening.
- Transport Assistance: Assist with transport, shopping, bill paying, outings.

Applicant's Signature		Date	



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	YES	NO	Applicable details
Have you ever been terminated from employment?			
Do you agree to keep minimum qualifications current as required?			
Do you have any objection to enquiries of your past or present employers regarding your character or work skills?			
Are you prepared to travel up to 30 mins for a one-hour shift, as is considered fair and reasonable?			
Do you have any objection to us seeking verification and additional information on any matter within this application?			
Have you ever been in serious breach of any Customer Protection Policy and/or Code of Conduct?			
Have you ever had someone express concerns about your behaviour towards a child, elderly or vulnerable person			
Have you ever been convicted of a criminal offence or been the subject of an investigation relating to the abuse of, or inappropriate sexual behaviour with a child, elderly or vulnerable person?			
I consider all this information to be true and correct. I have not knowingly misdirected EL/LAAS on this application.			
Applicant's Signature			Date

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The selection process used to assess your suitability as a Casual Care Worker requires you to complete a standard application form. The information collected on this form, any notes taken at the interview and any further information collected about you will be used for the purposes of recruitment and selection within EL/LAAS.

- The information collected through this process may be disclosed to and shared with referees, EL/LAAS clients, Government and third-party agencies
- We are able to contact you and advise you of your success or otherwise
- If you are successful, your details are entered onto the computerised roster system for Casual Care Workers and the computerised pay system.

Only relevant employees in the performance of their duties access the personal information that we collect. The information is held in confidence by us except where release of such information is required by law.

None of the information collected is used for any purpose other than the primary purpose outlined above. No information is disclosed to other organisations or persons outside EL/LAAS except with the written permission of the worker.

As a Lifestyle Assistant, you have the right to access and update your personal information.

Applicant's Signature		Date	
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Please read the following statements carefully and sign below; they constitute the conditions under which you may be employed.

- By applying for a Care Worker position with EL/LAAS, I certify that:
1. The information I have provided on this application is accurate to the best of my knowledge and is subject to validation.
 2. I authorise any person who can verify and/or supply additional information to support my application to do so, this may include reference checks and referee reports.
 3. I understand and agree that any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, review and/or termination of employment.
 4. I understand that all information concerning Enhanced Lifestyles and Lifestyle Assistance and Accommodation Service, its clients and employees is strictly

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confidential and any unauthorised disclosure of such information will be regarded as a breach of confidentiality and may result in termination of employment.

5. I hereby declare that all the information given on this form and attached resume, signed and dated by me, is true and complete. I understand that providing any false or misleading information is an offence under the Australian law and may lead to my employment being reviewed and/or terminated.

6. I understand that as part of my employment contract, it is my responsibility to maintain minimum requirements for the position including Manual Handling and First Aid Training.

7. I understand that DCSI Screening (CHILD or DISABILITY RELATED) is required as part of the employment process and is my responsibility to maintain every 3 years.

8. I have read and understood the EL/LAAS' Code of Conduct.

Applicant's Signature		Date	
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