

QF269	CARE WORKER PROFILE
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CARE WORKER DETAILS			
First and Middle Names		Surname	
Email address		Mobile Number	
Date of Birth	Male / Female (please circle)	Date of Birth	
Do you have a current South Australian Driver's Licence?	Yes or No (please circle)		
Driver's Licence Number		Driver's Licence Expiry	
	YES	NO	Applicable details
Do you have third-party comprehensive car insurance?			
Is your car, to the best of your knowledge, road worthy?			
Have you or your vehicle been in an accident in the last ten years?			
Have you given a photo copy of your SA Driver's Licence to EL/LAAS?			
Have you given a copy of your information of my car insurance to EL/LAAS?			
Have you given a copy of a Statutory Declaration signed by a Justice of the Peace stating your vehicle's roadworthiness to EL/LAAS?			
Do you currently smoke?			
Do you speak a language other than English?			
MINIMUM REQUIREMENTS			
First Aid	Expiry:	CPR	Expiry:
DCSI Child-related or Disability Related Clearance	Clearance type: Expiry:	Manual Handling	Expiry:

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QUALIFICATIONS

I have qualifications in:

<input type="checkbox"/> Bowel & Continence <input type="checkbox"/> Enteral Feeding Pump Certificate <input type="checkbox"/> Oral Suction Certificate <input type="checkbox"/> Tracheostomy Support <input type="checkbox"/> Medication Awareness <input type="checkbox"/> Food Hygiene Certificate <input type="checkbox"/> Oxygen Certificate <input type="checkbox"/> Diversity Training Certificate <input type="checkbox"/> Work Health Safety Training <input type="checkbox"/> Child Safe Environments <input type="checkbox"/> Certificate III Disability <input type="checkbox"/> Certificate IV Disability <input type="checkbox"/> Certificate II Disability <input type="checkbox"/> Diploma Community Services <input type="checkbox"/> Bachelor of Disability <input type="checkbox"/> Certificate III Individual Support <input type="checkbox"/> Certificate IV Individual Support <input type="checkbox"/> Certificate II Individual Support <input type="checkbox"/> Diploma Aged Care <input type="checkbox"/> Nurse Registration <input type="checkbox"/> Certificate III Aged Care	<input type="checkbox"/> Infection Control <input type="checkbox"/> Hand Hygiene <input type="checkbox"/> Skin Integrity Certificate <input type="checkbox"/> Intranasal Midazolam <input type="checkbox"/> Gastrostomy Certificate <input type="checkbox"/> Workplace Bullying & Harassment <input type="checkbox"/> Responding to Abuse/Neglect <input type="checkbox"/> Indigenous Health Certificate <input type="checkbox"/> Bachelor of Nursing <input type="checkbox"/> Enrolled Nursing <input type="checkbox"/> Bachelor of Midwifery <input type="checkbox"/> Diploma of Nursing <input type="checkbox"/> Wound Management <input type="checkbox"/> Peg Feeding <input type="checkbox"/> BIPAP/CPAP <input type="checkbox"/> Autism Certificate <input type="checkbox"/> Vision Impairment Training <input type="checkbox"/> Catheter Care Certificate <input type="checkbox"/> Asthma Certificate <input type="checkbox"/> Dementia Certificate <input type="checkbox"/> Enema Training
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<input type="checkbox"/> Certificate IV Aged Care <input type="checkbox"/> Certificate II Aged Care <input type="checkbox"/> Diploma of Disability <input type="checkbox"/> Certificate III Community Service <input type="checkbox"/> Certificate IV Community Service <input type="checkbox"/> Certificate II Community Service <input type="checkbox"/> Diploma Individual Support	<input type="checkbox"/> Epilepsy Certificate <input type="checkbox"/> Suppository Certificate <input type="checkbox"/> Mental Health First Aid <input type="checkbox"/> Mental Health Certificate <input type="checkbox"/> Seizure Management Certificate <input type="checkbox"/> Safe Food Handling <input type="checkbox"/> Others I have listed below
<p>I have other qualifications in:</p> 	
<p>I would like further training in:</p> 	

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EXPERIENCE	
I have experience in:	
<input type="checkbox"/> Working with Children <input type="checkbox"/> Autism <input type="checkbox"/> Challenging Behaviours <input type="checkbox"/> Mental Health Support <input type="checkbox"/> Complex Health Support <input type="checkbox"/> Bowel and Continence <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Infection Control <input type="checkbox"/> Peg Feeding <input type="checkbox"/> Parkinson's	<input type="checkbox"/> Mental Health <input type="checkbox"/> Aggression Management <input type="checkbox"/> Crisis Management <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Dementia <input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Medication Administration or Awareness <input type="checkbox"/> Wound Care <input type="checkbox"/> Suction <input type="checkbox"/> Tracheostomy
I have other experience with:	
LIMITATIONS	
Are there any limitations that restrict you from carrying out your duties? Please specify i.e. animal allergies, physical restrictions:	



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AVAILABILITY							
<p>Please mark the boxes below as hours you are <u>unable</u> to work with EL/LAAS. <i>This does not include shifts you have with Customers/Clients with EL/LAAS, but shifts you may have with other companies, regularly scheduled appointments, or times you are unable to work.</i></p>							
Week 1							
Times	Sun	Mon	Tue	Wed	Thu	Fri	Sat
0700 to 0800							
0800 to 0900							
0900 to 1000							
1000 to 1100							
1100 to 1200							
1200 to 1300							
1300 to 1400							
1400 to 1500							
1500 to 1600							
1600 to 1700							
1700 to 1800							
1800 to 1900							
1900 to 2000							
2000 to 2100							
2100 to 2200							
2200 to 2300							
2300 to 2400							
Sleepover							

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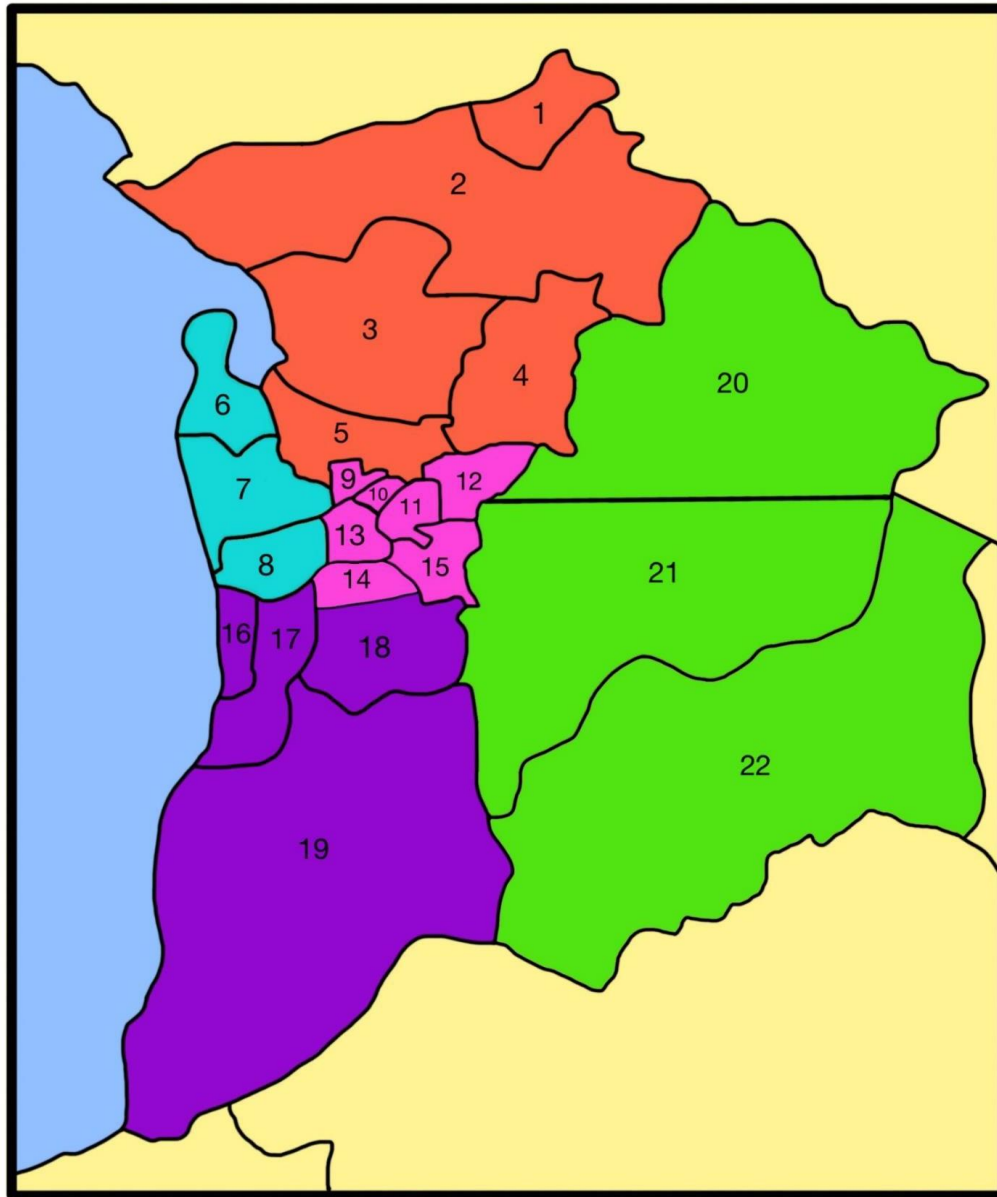
Week 2							
Times	Sun	Mon	Tue	Wed	Thu	Fri	Sat
0700 to 0800							
0800 to 0900							
0900 to 1000							
1000 to 1100							
1100 to 1200							
1200 to 1300							
1300 to 1400							
1400 to 1500							
1500 to 1600							
1600 to 1700							
1700 to 1800							
1800 to 1900							
1900 to 2000							
2000 to 2100							
2100 to 2200							
2200 to 2300							
2300 to 2400							
Sleepover							

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REGIONS		
Please identify the regions you are available or want to work in. Refer to provided region map on the following page. Please note, regional and Riverland maps are currently being updated.		
<input type="checkbox"/> Gawler <input type="checkbox"/> Playford <input type="checkbox"/> Salisbury <input type="checkbox"/> Tea Tree Gully <input type="checkbox"/> Enfield <input type="checkbox"/> Port Adelaide <input type="checkbox"/> Charles Sturt	<input type="checkbox"/> West Torrens <input type="checkbox"/> Prospect <input type="checkbox"/> Walkerville <input type="checkbox"/> Norwood <input type="checkbox"/> Campbelltown <input type="checkbox"/> Adelaide <input type="checkbox"/> Unley	<input type="checkbox"/> Burnside <input type="checkbox"/> Holdfast Bay <input type="checkbox"/> Marion <input type="checkbox"/> Mitcham <input type="checkbox"/> Onkaparinga <input type="checkbox"/> Hills North <input type="checkbox"/> Hills South
<input type="checkbox"/> Barossa Plains <input type="checkbox"/> Barossa <input type="checkbox"/> Barossa – Light <input type="checkbox"/> Riverland – Berri Barmera <input type="checkbox"/> Riverland – Loxton	<input type="checkbox"/> Riverland – Renmark Paringa <input type="checkbox"/> Riverland – Waikerie <input type="checkbox"/> Riverland – Blanchtown <input type="checkbox"/> Riverland – Morgan Cadell	<input type="checkbox"/> Kangaroo Island <input type="checkbox"/> Fleurieu – Alexandria <input type="checkbox"/> Fleurieu – Victor Harbor <input type="checkbox"/> Fleurieu – Yankalilla

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|--------------------|-------------------|-------------------|
| 1 - Gawler | 9 - Prospect | 16 - Holdfast Bay |
| 2 - Playford | 10 - Walkerville | 17 - Marion |
| 3 - Salisbury | 11 - Norwood | 18 - Mitcham |
| 4 - Tea Tree Gully | 12 - Campbelltown | 19 - Onkaparinga |
| 5 - Enfield | 13 - Adelaide | 20 - Hills North |
| 6 - Port Adelaide | 14 - Unley | 21 - Hills South |
| 7 - Charles Sturt | 15 - Burnside | 22 - Mount Barker |
| 8 - West Torrens | | |