|  |  |
| --- | --- |
| Full Name |  |
| Date of Application |  |
| Mobile Number |  |
| Email Address |  |
| Residential Address |  |
| Date of Birth |  |
| Sex |  |

|  |  |
| --- | --- |
| Interested in (Please tick) | |
| **Casual Employment** |  |
| **Permanent Part Time Employment** |  |
| **Permanent Full Time Employment** |  |

|  |  |
| --- | --- |
| I can commit to (Please tick) | |
| **Up to 10 hours per week** |  |
| **10 to 20 hours per week** |  |
| **20 to 30 hours per week** |  |
| **Full time** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Availability (Please tick) | | | | | | | |
|  | **MON** | **TUES** | **WED** | **THURS** | **FRI** | **SAT** | **SUN** |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |
| Sleepover |  |  |  |  |  |  |  |
| School Holidays |  |  |  |  |  |  |  |

Please provide any other details or times below

|  |
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| --- | --- |
| Upcoming Holidays (Please tick) | |
| No, I have ***no*** upcoming holidays booked |  |
| Yes, I have an upcoming holiday(s) booked |  |
| If Yes, Please provide dates and details below: | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referees** (please provide at least 2 **professional** references) | | | |
| **Name** | **Position** | **Company** | **Phone Number** |
| 1. |  |  |  |
| **Name** | **Position** | **Company** | **Phone Number** |
| 2. |  |  |  |
| **Name** | **Position** | **Company** | **Phone Number** |
| 3. |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please describe your motivation for wanting to work in Disability |  | | | | | |
| Please describe your motivation for wanting to work at 4u Care |  | | | | | |
| Will this be your main/only place of employment? (Please circle) | Yes | If no, please explain: | | | | |
| No |
| Are you available to start work immediately?  (Please circle) | Yes | If “no”, when would you be available? | | | | |
| No |
| What type of car do you have? (Please Circle) | Small | **How many doors does it have?** | | 2 Door | | |
| Medium | 4 Door | | |
| Large | Other… | | |
| What are your interests, likes and dislikes? |  | | | | | |
| Do you have any existing or previous injuries and/or have you had any prior Workers Compensation claims? (Please circle) | Yes | If yes, please provide details: | | | | |
| No |
| Do you have any restrictions that might impede you providing specific supports (e.g. cleaning, gardening, allergies, back or physical injuries) | Yes | If yes, please provide details: | | | | |
| No |
| How you did you hear about us? Please circle | Social Media | | Friend | | Seek.com | Other: |

|  |  |  |
| --- | --- | --- |
| Self Disclosure (circle) | | |
| **Have you been refused an NDIS Worker Screening clearance or other working with vulnerable persons screening process previously in Australia or internationally** | Yes | No |
| **Do you have any relevant civil penalties?** | Yes | No |
| **Do you have an international criminal history?** | Yes | No |
| **Do you have any domestic violence and child protection orders and/or relevant information against you?** | Yes | No |
| **any relevant workplace misconduct findings?** | Yes | No |

**Going Forward with your application**

|  |
| --- |
| We ask that you provide us with the following documents (please email each document as a separate attachment): |

* National Criminal Record check *(issued within the last 3 months*)
* Current Working with Children clearance
* Current First Aid Certificate
* Current Drivers Licence
* Car Registration and CTP
* Comprehensive car insurance (*this isn’t compulsory, you can sign a disclaimer if you don’t have a policy in place)*
* We also require you to complete the NDIS “Worker Orientation” online training module. Please use this link to create an account and access the module and when you’ve completed the course could you please email your certificate <https://www.ndiscommission.gov.au/workers/support-for-workers/training-course>
* There will be 3 other online modules that we will ask you to complete - we will notify you separately about enrolment. (WHS, Assist with Medications and Respond to Suspected Abuse)

**Please note we will not be able to progress your application until we have received and verified all the listed documents and you have completed each of the training modules.**

Once everything is received or completed we will do a final assessment of your application.

Our Recruitment process includes attending a 6 hr Induction Training & Recruitment Day, a buddy shift and a half or full day training program.

Kind Regards,

4U Care

