

Field Staff – Application for Employment

DATE OF APPLICATION: _____ AVAILABILITY TO COMMENCE: _____

TYPE OF POSITION: **CASUAL**

Personal Information

FIRST NAME: _____ SURNAME: _____

PREFERRED NAME: _____ MOBILE: _____

HOME PHONE: _____ EMAIL: _____

STREET ADDRESS: _____

GENDER: _____ DATE OF BIRTH (optional): _____

ARE YOU AN AUSTRALIAN CITIZEN? (circle) YES NO

IF NO, PLEASE SPECIFY VISA TYPE: _____ EXPIRY: _____

HAVE YOU BEEN A RESIDENT OF A COUNTRY OTHER THAN AUSTRALIA AFTER THE AGE OF 16? (circle) YES NO

LANGUAGES SPOKEN: _____

Training History

COURSE NAME	LOCATION	YEAR COMPLETED

OTHER TRAINING DETAILS: _____

HAVE YOU COMPLETED MANUAL HANDLING TRAINING? (circle) YES NO

DETAILS: _____

Professional References

CONTACT NAME	COMPANY NAME	POSITION HELD	PHONE NUMBER

When are you available? (please enter the times you will be available for work ie 6am-5pm)

	MON	TUES	WED	THU	FRI	SAT	SUN
Early Mornings							
Before Midday							
Afternoons							
Evenings							
Late Night							

School Holidays: YES NO	Public Holidays: YES NO	Overnights: YES NO
-------------------------	-------------------------	--------------------

Getting around:

WHAT TYPE OF LICENCE DO YOU HOLD? (unrestricted / green Ps / red Ps)	YES	NO		
DO YOU HAVE THE USE OF A RELIABLE, REGISTERED VEHICLE?	YES	NO		
DOES YOUR VEHICLE HAVE AIR-CONDITIONING?	YES	NO		
ARE YOU HAPPY TO TRANSPORT CLIENTS IN YOUR CAR?	YES	NO		
VEHICLE BODY TYPE:	SEDAN	HATCH	4WD	OTHER _____
INSURANCE TYPE:	COMPREHENSIVE	3 RD PARTY PROPERTY	GREENSLIP ONLY	

Your skills and training:

Standard care: Home care where there is no behaviour problems and where the client is able to weight bear and requires minimal assistance for toileting, showering and dressing.

Complex care: Home care involving behavioural problems that are difficult to manage or where the client has more physically complex needs. Includes personal care of a complex nature and palliative care.

BASIC SKILLS		SKILLS REQUIRING SOME EXPERIENCE		EXPERIENCE AND DOCUMENTED EVIDENCE REQUIRED			
Housework		Standard Respite Care		Complex Respite Care		Palliative Care	
Meal Preparation		Standard Personal Care		Complex Personal Care		Hoist / Pelican Belt	
Shopping		Dementia Care		Challenging Behaviours		Catheter Care	
Client Transport		Standard Overnight Care		Complex Overnight Care		Tube / Peg Feeding	
		Sign Language		Bowel Care			

Employment History: *(list current / most recent position first)*

POSITION HELD: _____ COMPANY NAME: _____

EMPLOYED FROM (date): _____ UNTIL (date): _____

COMPANY ADDRESS: _____

NAME OF SUPERVISOR: _____ PHONE NUMBER: _____

MAY WE CONTACT YOUR SUPERVISOR? (circle) YES NO

REASON FOR LEAVING: _____

YOUR DUTIES AND RESPONSIBILITIES: _____

POSITION HELD: _____ COMPANY NAME: _____

EMPLOYED FROM (date): _____ UNTIL (date): _____

COMPANY ADDRESS: _____

NAME OF SUPERVISOR: _____ PHONE NUMBER: _____

MAY WE CONTACT YOUR SUPERVISOR? (circle) YES NO

REASON FOR LEAVING: _____

YOUR DUTIES AND RESPONSIBILITIES: _____

POSITION HELD: _____ COMPANY NAME: _____

EMPLOYED FROM (date): _____ UNTIL (date): _____

COMPANY ADDRESS: _____

NAME OF SUPERVISOR: _____ PHONE NUMBER: _____

MAY WE CONTACT YOUR SUPERVISOR? (circle) YES NO

REASON FOR LEAVING: _____

YOUR DUTIES AND RESPONSIBILITIES: _____

DO YOU HAVE ANY OTHER EXPERIENCE AS A CARER? *(for example, as an informal carer for a family member / friend)*

Pre-Employment Medical Questionnaire

The aim of our Pre-Employment Medical Questionnaire is to ensure that your physical and other related abilities are matched to the inherent requirements of the position.

This Pre-Employment Medical Questionnaire is necessary to determine that:

- *There is no risk of aggravating a pre-existing medical condition*
- *You have the capacity to safely and productively carry out the inherent requirements of the position*
- *You are not likely to increase risks to other workers or clients, equipment or the general public.*

CONFIDENTIALITY: This Pre-Employment Questionnaire is treated as a confidential document and access is limited to a 'need to know' basis. In the event of you being employed, Wendy's Home Care will retain this form on a confidential file and reserve the right to refer to the information in the event of an accident, sickness, injury or claim for workers' compensation. This information may also be used for other purposes if required by law.

IMPORTANT NOTICE: To assist Wendy's Home Care in assessing your suitability for the inherent requirements of this role you must answer the questions contained in the questionnaire truthfully and to the best of your knowledge.

ARE YOU CURRENTLY TAKING ANY MEDICATION? (circle) YES NO

IF YES, PLEASE PROVIDE DETAILS _____

DO YOU HAVE ANY ALLERGIES? (circle) YES NO

IF YES, PLEASE PROVIDE DETAILS _____

ARE YOU TAKING ANY MEDICATION FOR KNOWN ALLERGIES? (circle) YES NO

IF YES, PLEASE PROVIDE DETAILS _____

HOW LONG CAN YOU STAND / WALK? (circle)

Less than 1hr at a time / 4-6 hours / 1-2 hours / 6-8 hours / 2-4 hours / more than 8 hours at a time

DO YOU HAVE ANY CONDITION THAT MAY IMPACT UPON YOUR ABILITY TO PERFORM THIS JOB? (circle) YES NO

IF YES, PLEASE PROVIDE DETAILS _____

DO YOU HAVE A HISTORY OF ANY OF THE FOLLOWING?

<u>Condition or Issue</u>	<u>Yes</u>	<u>No</u>
<i>Asthma, Bronchitis, Pleurisy, Coughing, Breathlessness, Tuberculosis or other lung complaints?</i>		
Comment:		
<i>Heart disease, heart attack, heart complaints or chest pain?</i>		
Comment:		
<i>Blood pressure, heart irregularities?</i>		
Comment:		
<i>Arthritis?</i>		
Comment:		
<i>Bone or joint problems, broken bones, fractures or dislocations?</i>		
Comment:		
<i>Any joint pain or injury?</i>		
Comment:		
<i>Muscle tendon or ligament problems, strains or sprains?</i>		
Comment:		
<i>Pains, aches, numbness or weakness in the neck, shoulders, arms, hands or fingers?</i>		
Comment:		
<i>Feet, ankle, knee problems?</i>		
Comment:		
<i>Back complaint / back injury?</i>		
Comment:		
<i>Hernia?</i>		
Comment:		
<i>Epilepsy, fainting, fits, blackouts or dizzy spells?</i>		
Comment:		
<i>Vision problems that cannot be corrected by prescription glasses?</i>		
Comment:		
<i>Nervous disorders, mental health or psychiatric problems?</i>		
Comment:		
<i>Any sporting, vehicle or work-related illness or injury?</i>		
Comment:		

Privacy:

Our HR Team screen all potential workers by completing the following:

- assessment of your criminal record check (that must be provided to us, by you, at your cost)
- assessment of your working with children check (that must be provide to us, by you, if you wish to work with children in your role)
- assessing outcomes of reference checks

I, _____ hereby confirm that all information given by me in this application for employment is true and correct and I have not knowingly withheld any circumstances or facts that would, if disclosed affect my application.

I understand that information contained in this form (other than information provided in my pre-employment medical questionnaire) shall be available only to employees and managers of Wendy's Home Care who have direct involvement in the recruiting process.

I understand that information contained in the Pre-Employment Questionnaire is treated as a confidential and access is limited to a 'need to know' basis. In the event of you being employed, Wendy's Home Care will retain this information on a confidential file and reserve the right to refer to the information in the event of an accident, sickness, injury or claim for workers' compensation. This information may also be used for other purposes if required by law.

Applicant's Signature: _____ Date: _____

PLEASE RETURN YOUR APPLICATION to THE HR TEAM AT WENDY'S HOME CARE:

POST: PO BOX 90 WINDSOR NSW 2756

EMAIL: hradmin@wendyshome.com.au

For more information please call us on (02) 4587 5999 or visit our website www.wendyshome.com.au

Thank you for your interest in working at Wendy's Home Care.