

CASUAL SUPPORT WORKER APPLICATION FORM

Thank you for your interest in applying to become a support worker with Monaro Community First. Please complete this application form carefully as the information that you provide will help us to assess your suitability for the role. Inaccurate or incomplete responses or information may delay the hiring process or affect your eligibility for the role. Please return this form along with your resume either in person or to hr@mcfirst.org.au.

Date

Full Name

Preferred Name

Address

Phone

Mobile

Email

EDUCATION & EXPERIENCE

Do you have experience working as a care giver?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Key duties performed (please tick all that apply):					
<input type="checkbox"/>	Personal Care				
<input type="checkbox"/>	Domestic Assistance				
<input type="checkbox"/>	Community Access				
<input type="checkbox"/>	Social Support				
<input type="checkbox"/>	Medication Support				
<input type="checkbox"/>	Manual Handling				
<input type="checkbox"/>	Behaviour Support				
<input type="checkbox"/>	Documentation				
Client groups supported (please tick all that apply):					
<input type="checkbox"/>	People living with disability				
<input type="checkbox"/>	Older people				
<input type="checkbox"/>	Mental health				
<input type="checkbox"/>	Complex needs				
Please list all your qualifications / certifications below:					

AVAILABILITY

Weekdays Evenings Weekends Sleepovers*

The span of a sleepover is a continuous 8-hour period. Sleepovers do not count as ordinary hours of work. Only the hours worked before and/or after the sleepover count as ordinary hours. As such the actual sleepover period if not paid, however the employee is entitled to a sleepover allowance of 4.9% of the standard rate for each night they sleep over.

	Workdays	How many hours are you available on this day?	Start time availability i.e. 06.00am	End time availability i.e. 13.00pm
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			
	Sunday			

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Compulsory checks	
Because we work with people who may be vulnerable, we have extensive reporting requirements. An overview of the compulsory checks is below. You will need to provide evidence of all checks prior to starting employment with us.	
	NDIS Worker Screening Check
	A NDIS Worker Screening Check is a national assessment that determines whether a person is cleared or excluded from working in certain roles with people with disability. Apply through Service NSW.
	Working with Children Check
	A requirement for anyone whose role involves direct physical or face-to-face contact with children. Apply through Service NSW.
	First Aid & CPR
	A current First Aid (HLTAID011) and CPR (HLTAID009) are required.
	Drivers Licence & Comprehensive Car Insurance
	You may be required to transport customers to and from appointments and outings. We also require you to have a registered, reliable, and insured car to travel between services and transport clients in your own car if necessary.
	Work Rights
	We will need copies of your passport and any visa documentation if appropriate.
	Resume & References
	We require your resume including two professional references who are happy to be contacted and share information about your time working with them.

Work eligibility

Do you have the right to work in Australia?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please indicate:				
<input type="checkbox"/>	Australian Citizen			
<input type="checkbox"/>	Australian Permanent Resident			
<input type="checkbox"/>	New Zealand Citizen			
<input type="checkbox"/>	Visa holder with the right to work in Australia			

Declaration

I declare that the information provided in this application is true and correct. I understand that providing false or misleading information may result in my application being declined or my employment being terminated.

I acknowledge that, if successful, I am responsible for obtaining and maintaining all compulsory checks, clearances, and certifications required for employment, and that these must be current and provided prior to commencement of employment.

Signature:

Full Name:

Date: