

Application Form – Support Worker

Date: _____ (optional) Date of Birth: _____

Name: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Are you double vaccinated for COVID – You will need to provide a certificate to confirm this. YES / NO

Do you have a reliable, registered, insured vehicle: YES / NO

Do you have a current Drivers Licence: YES / NO

Do you have or are you willing to obtain:

NDIS Worker Screening Card YES / NO EXP DATE: _____

Working with children Blue Card YES / NO EXP DATE: _____

Disability Services Yellow Card YES / NO EXP DATE: _____

First Aid Certificate YES / NO EXP DATE: _____

CPR Certificate YES / NO EXP DATE: _____

Cert III Disability or Aged Care YES / NO Year Completed: _____

What do you know about how Weeroona’s services?

Have you worked with people with disabilities before? YES NO

If yes, what type of work did you do and what type of disabilities have you experienced?

How did you hear about Support Work and Weeroona?

Tell us a bit about your Life experiences that would assist you in being a good support worker.

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Activities I enjoy doing - both in my work and life in general:

Areas I really don't like to do in relation to support work or life in general:

Other skills I have outside of support work (e.g. Gardening, sports, craft, carpentry, trade qual, etc.)

What else can you tell us about yourself – hobbies/interests, values?

Please write a statement that describes your life and/or purpose, what would it be?

Would you be open to providing support to a person with a disability in your own home e.g. overnight or for a weekend? YES NO
If yes, we will discuss the options with you.

When can you work? (Be as specific as you can.) *Please remember to consider your family and other work commitments. Be open in what hours you are available. Availability is a major consideration in looking at your application and we need accurate information – when are you available to work?*

Only tick overnight if you are available to sleep elsewhere overnight (e.g. in a client's home from 6pm to 8am)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
HOURS AVAILABLE							
OVERNIGHT SHIFTS							

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Do you have any medical conditions or previous injuries that could impact on your ability to safely perform tasks in this position?

Support Worker roles may involve lifting, moving, pushing wheelchairs, etc.

(refer to Support Worker Position Description)

YES / NO / PREFER TO DISCUSS

If yes, please provide detail below or, if you would prefer not to disclose such information on the application form at this time, please write 'prefer to discuss at interview'.

Please attach a copy of your resume, references and any other relevant information to this application.

Thank you for taking the time to complete this form. Applications can be:

Dropped into 16 Red Hill Road, GYMPIE

Or

Mailed to PO Box 172, GYMPIE

Or

Emailed to info@weeroona.org.au

For further enquiries please call 5482 2451 during office hours

OFFICE USE ONLY:

Date received: _____

Person processing application: _____ Position: _____

Consider for following clients:

Applicant contacted

Interview

Induction

Entered into EE & CTARS

Not suitable : Reason: _____