

## Application for Position of Support Worker

Name:	
Address:	
Contact Number:	
Email:	

Please briefly describe below any experience which you have had of working with people who have a disability:

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Please briefly describe below any other experience which you have had which you think may be relevant:

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What qualities and skills do you have to offer if you were to gain employment with our service (e.g., Manual handling/hoist training, Makaton, patience, etc.)

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Do you have any current medical condition that may impact on your ability to provide the required job description for this position? It is also important that you inform FlexiChoice if you have a current medical condition that your job description may impact upon.

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Do you have a driver's license and reliable transport?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your vehicle roadworthy and registered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a current First Aid/C.P.R. Certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, would you be willing to obtain one within three months of the commencement of your employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a current (Children's Commission Card) Blue Card? (Please be aware employment cannot commence until a blue card is obtained)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a current NDIS Worker Screening (Yellow) Card? (Please be aware employment cannot commence until a blue card is obtained)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What times of the day / week would you be willing to work?					
Day	Times	Sleepovers?	Day	Times	Sleepovers?
Monday			Friday		
Tuesday			Saturday		
Wednesday			Sunday		
Thursday			Public Holidays		

Do you give permission for your resume to be kept on file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you fully vaccinated against COVID-19	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I give permission for FlexiChoice to contact the referees listed below, to discuss the information in this application and my suitability for employment with FlexiChoice. (At least one who knows you in a professional capacity e.g., employer)

Referee 1	
Name:	
Position:	
Company:	
Contact Number:	

Referee 2	
Name:	
Position:	
Company:	
Contact Number:	

Referee 4	
Name:	
Position:	
Company:	
Contact Number:	

**Office Use Only:**

Applicant informed office has received this application?	<input type="checkbox"/>	In Person
	<input type="checkbox"/>	By Phone
	<input type="checkbox"/>	By Email
Interview Booked?	Date:	
If not suitable or required presently, applicant informed	Date:	
Entered in <b>Application for Employment Register</b>	Date:	