

DISABILITY SUPPORT WORKER EMPLOYMENT APPLICATION



1. PERSONAL DETAILS

SURNAME		GIVEN NAMES	
PREFERRED NAME		GENDER	
POSTAL ADDRESS			
		POST CODE	
MOBILE NO.			
EMAIL			

2. POSITIONAL REQUIREMENTS

The following criteria are the mandatory requirements to fulfil the role of a Disability Support Worker, answering no does not preclude you from applying or attaining a position with ARC however each criteria will be required prior to commencement of the role:

Queensland Drivers Licence	<input type="checkbox"/> YES <input type="checkbox"/> NO
Queensland Registered Motor Vehicle	<input type="checkbox"/> YES <input type="checkbox"/> NO
Comprehensive Car Insurance	<input type="checkbox"/> YES <input type="checkbox"/> NO
First Aid Certificate (issued within the last 3yrs)	<input type="checkbox"/> YES <input type="checkbox"/> NO
CPR Certificate (issued within the last 1yr)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Blue Card (Working with Children)	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If 'YES', please indicate classification:</i> <input type="checkbox"/> "P" – Paid <input type="checkbox"/> "V" – Volunteer <input type="checkbox"/> "E" – Exemption	
Yellow Card (Disability Services)	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If 'YES', please indicate classification:</i> <input type="checkbox"/> "P" – Paid <input type="checkbox"/> "E" – Exemption	

For the purposes of obtaining a Blue / Yellow Card, are you a disqualified persons? YES NO

* NOTE: Convicted of a disqualifying offence, is subject of reporting obligations, disqualification order or sexual offender – see www.bluecard.qld.gov.au for full definition.

Do you have any additional competencies related to the role? YES NO

If 'YES', please indicate below:

- Cert III Disability
- Cert IV Disability (or higher)
- Cert III Youth Work (or Higher)
- Cert III Community Services (or Higher)
- Cert III Child, Youth & Family (Or Higher)
- Other: _____
- Other: _____
- Other: _____

EMPLOYMENT APPLICATION	Document No.: HR01-FORM-07	Version No.: 1A
Release Date: 19 October 2018	Uncontrolled if Printed	Page 1 of 4

3. AVAILABILITY AND COMPTENCY

Whilst we understand that applications may be presently employed, we would like to gauge your future rostering availability should your application be successful.

DAYS OF WEEK AVAILABLE	MORNING (approx. 6:00am to 1:00pm)	AFTERNOON (approx. 1:00pm to 10:00pm)	SLEEPOVER SHIFTS (approx. 10:00pm to 6:00am)
MONDAY	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
TUESDAY	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
WEDNESDAY	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
THURSDAY	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
FRIDAY	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
SATURDAY	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
SUNDAY	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Do you, or have you any known health condition that could prevent you from competently and efficiently and carry out the known duties of this position in a manner which is safe to yourself, your colleagues, the general public, and the services clients receive? YES NO

If 'YES', please provide details:

Do you have any Client Related skills and/or experience? YES NO

If 'YES', please indicate below:

- | | | |
|---|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Personal Care | <input type="checkbox"/> Manual Handling |
| <input type="checkbox"/> Challenging Behaviours | <input type="checkbox"/> Suicide Prevention | <input type="checkbox"/> Non-verbal |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Bowel Management | <input type="checkbox"/> Provent |
| <input type="checkbox"/> Hoisting | <input type="checkbox"/> Colostomy | <input type="checkbox"/> Vision Impaired |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Cathertisation |
| <input type="checkbox"/> Continence Aids | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Medication |
| <input type="checkbox"/> P.E.G. | <input type="checkbox"/> Sensory | <input type="checkbox"/> Auslan |

Are you prepared to undertake all of the above related skills area should you be required, and are competent to do so? YES NO

If 'NO', please provide details:

Do you have any areas within Disabilities that you have a strength or special interest in? YES NO

If 'YES', please provide details:

EMPLOYMENT APPLICATION	Document No.: HR01-FORM-07	Version No.: 1A
Release Date: 19 October 2018	Uncontrolled if Printed	Page 2 of 4

4. SELF EVALUATION

Why do you think you are the right person to join the team at ARC Disability Services?

What “hands on” experience do you have supporting people with disabilities?

What are some of the things you may need to be aware of when supporting a person with a disability in their own home?

What are your key attributes and values that you feel make you a good Disability Support Worker?

List some examples of how, or actions you have taken to uphold Professional Boundaries in previous roles:

- ---
- ---
- ---
- ---
- ---
- ---

EMPLOYMENT APPLICATION	Document No.: HR01-FORM-07	Version No.: 1A
Release Date: 19 October 2018	<i>Uncontrolled if Printed</i>	Page 3 of 4

DISABILITY SUPPORT WORKER EMPLOYMENT APPLICATION



What is your understanding and awareness of the health and safety requirements when supporting a person with a disability?

Any additional comments?

I am available for an immediate start?

YES NO

If 'NO', please indicate the notice period required for your current position below:

- 1 Week
- 2 Weeks
- 3 Weeks
- 4 Weeks
- Other: _____

5. DECLARATION

In signing this application for employment, I fully understand that any false, misleading or incomplete information stated by me in this application may lead to grounds for termination if employed by ARC. I also acknowledge that submitting this application is not a guarantee of employment with ARC.

I certify that the information stated in this application is true and correct;

SIGNED BY APPLICANT:

FULL NAME			
SIGNATURE		DATE	

EMPLOYMENT APPLICATION	Document No.: HR01-FORM-07	Version No.: 1A
Release Date: 19 October 2018	<i>Uncontrolled if Printed</i>	Page 4 of 4