

MOBILE SENIOR SUPPORT WORKER APPLICATION FORM

ALARA QLD Limited

8 Warwick Road Ipswich 4305 | p. 07 3817 0600 | e. alara@alaraqld.org.au

Surname:		First Name:	Othe	r Name/s:
Present Address:			How	long at address:
Telephone:		Mobile:	Alter	native No:
Email:				
EDUCATIONAL BAC	CKGROUI	ND		
Level		Qualification		Year Completed
Levei		Qualification		real Completed
Secondary				
Tertiary				
Business or Vocational				
Professional and / or pe	ersonal mei	mberships:		
EMPLOYMENT HIS (List last job first and accou		employed time. Continue on another pa	age if re	equired)
Period of		Employer		Position Held / Title
Employment	(Nan	ne & Full Address of Organisation)		rosition field / fitte

Question	No	Yes	Applicable Details
Support Workers are required to assist people with personal care tasks. Are you willing to undertake this as part of your role?			
Do you speak any languages? Please list languages.			
Support Workers are required to obtain a Firs months of the start of employment. It is the requirements.			• •
Do you have a current First Aid certificate? Please give the expiry date.			
Do you have a current CPR certificate? Please give the expiry date.			
All successful applicants are required by the D Criminal History Screening to obtain a Disabili staff are also required to have a Positive Notice	ty Servi	ces Posi	tive Notice or Exemption card. Support
Are you prepared to undergo a Criminal History Screening Blue / Yellow Card? This is completed by ALARA			
You will be required to present a current National ALARA as per Department of Health & Aged Control of the Alark &			•
Do you have a current National Police check?			
Support Workers use their own motor vehicle rate per kilometre. The minimum requirement insurance. The following questions relate to being transported by Support Workers.	nt is that	the vel	nicle must have third party property
Do you have a reliable registered car with third party property insurance that you can use to transport clients?			
Have you made any motor vehicle insurance claims in the last five (5) years?			
Have you had any special motor vehicle insurance conditions imposed on you in the past five (5) years?			
Have you had a drivers licence cancelled, suspended or restricted in the last five (5) years?			

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Question	No	Yes	Applicable details
The work of a Support Worker involved b	ending, sti	retching,	pushing, pulling and lifting. The following
questions relate to the health & safety of	f employee	s. A copy	of the Position Description for a Support
Worker has been provided to you. Failur	e to disclos	se a pre-e	xisting medical condition may make you
ineligible for compensation in certain situ	uations.		
Do you have any pre-existing medical			
conditions or injuries which would affect			
your ability to perform the duties outlined	d in 🗀		
the job description?			
Do you have any pre-existing medical			
conditions or injuries which could be			
aggravated by performing the duties			
outlined in the job description?			
La thansa a mafannad data waxayadd ha			
Is there a preferred date you would be			
available to start if successful?			
	·	·	,
ALARA works with a number of employm	ent service	es.	
. ,			
Are you attached to any agency as a Job			
Active client and please provide agency	ΙП	ΙП	
details?		-	
		_ I	
-	eted the NI	DIS Worke	er Orientation Module prior to employment
with ALARA.			
Have you completed the NDIS Worker			
Orientation Module?		I	
A copy of your Certificate of Completion w	vill 🔲	⊔	
be required at interview.	•		
To be eligible for employment, you must	be an Aust	ralian Cit	izen. Permanent Resident or hold a valid
work Visa. If you are offered a position v			
		-	itizenship Certificate; Evident of Permanent
Residence; status of valid Visa with perm		_	•
Are you entitled to work in Australia?	ΙП		
,	-	-	
AVAILABILITY TO MORY: /Bloggo li	at halaw th	a tima a way	v suo susilalalo fou chiftol
AVAILABILITY TO WORK: (Please lis	st below th	e time you	u are avallable for stilfts)
Monday:			
Tuesday:			
Tuesday.			
Wednesday:			
Thursday:			
Friday:			
Saturday:			
Sunday:			
Comments:			

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Please list any sport and recrea	tion interests you have:		
What are you reasons for apply	ring for this particular job:		
How did you find out about ALA	ARA?		
☐ Friend			
☐ Employment Agency			
☐ Word of mouth			
☐ Facebook			
☐ Website			
☐ Advertisement			
Other:			
If you were a person with a disa	ability. how would you expect t	o be treated by a worker?	
,	,,,		
REFEREE CONTACT DETA	ILS		
Can these referees be contacted		☐ Yes ☐ No	
(include two (2) former employers	and one (1) character reference. Pl	ease note referees are not to inclu	
Name and Address	Position	Telephone	How long known?
			KIIOWITE
	1		ı

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I give my Consent and understand my information wi	ll be destroyed after twelve (12) months.	
I do NOT Consent, but understand my information w	ill be destroyed after one (1) month.	
ALARA QLD Limited follows the Australian Privacy Principle Act'). in handling personal information from clients/carers ALARA QLD Limited People (including members, volunteer and prospective employees). As you have provided person to hold your information for up to 12 months. Please tick Y information and application will be destroyed after 1 months to 12 months at which point will be destroyed if you are not to 12 months.	s, business partners, donors, members of the post, employees, delegates, candidates for volunter all information ALARA Qld Limited requires you'res or No to your consent below, if you tick NO the consent your information will be	ublic and eer work ur consent your kept for up
I verify that the above information which I have proving acknowledge that, if my application is successful, any could constitute grounds for subsequent dismissal.	• •	
Signature of Applicants	Date of Application.	
Signature of Applicant:	Date of Application:	
Signature of Applicant:	Date of Application:	
	Date of Application:	
OFFICE USE ONLY:	Date of Application:	
OFFICE USE ONLY: Application received on: / / by:		
OFFICE USE ONLY:		