

CLIENT SERVICE FACILITATOR APPLICATION FORM

ALARA QLD Limited

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

Surname:	First Name:	Other	Name/s:
Present Address:	,	How I	ong at address:
Telephone:	Mobile:	Alterr	native No:
Email:		I	
EDUCATIONAL BAC	CKCBOTIND		
Level	Qualification		Voor Completed
Levei	Quannication		Year Completed
Secondary			
Tertiary			
Business or Vocational			
Professional and / or pe	reanal mambarchine:		
Professional and 7 or pe	ersonar membersnips.		
	TORY ant for all unemployed time. Continue on and	other page if re	quired)
Period of	Employer	_	Position Held / Title
Employment	(Name & Full Address of Organisat	tion)	

Question	No	Yes	Applicable Details
Do you speak any languages? Please list languages.			
First Aid Certificate and a CPR Certificate with responsibility of successful applicants to meet			
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 Nati ALARA as per Department of Health & Aged C			•
Do you have a current National Police check?			
The following questions relate to ALARA's dut vehicles.	y of car	e to ens	ure safety while using ALARA service
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?			

Application for Employment

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C	Question	No	Yes	Applicable details
pushing, pulling an of the Position Des	d lifting. The following quo scription for a Support Wor	estions r ker has	elate to been pr	re. This will involve bending, stretching, the health & safety of employees. A copy ovided to you. Failure to disclose a preensation in certain situations.
1	es which would affect orm the duties outlined in			
Do you have any pr conditions or injuri- aggravated by perfo outlined in the job	es which could be orming the duties			
Is there a preferred available to start if	l date you would be successful?			
ALARA works with	a number of employment	services	•	
·	o any agency as a Job ease provide agency			
All new staff are re with ALARA.	equired to have completed	the NDI	S Worke	er Orientation Module prior to employment
Have you complete Orientation Module A copy of your Cert be required at inter	e? :ificate of Completion will			
To be eligible for e work Visa. If you a Australian Birth Ce	mployment, you must be a are offered a position with a	ALARA y ort; Aust	ou will ralian Ci	izen, Permanent Resident or hold a valid need to provide one of the following: itizenship Certificate; Evident of Permanent
Are you entitled to	<u> </u>			
AVAILABILITY 1	ΓΟ WORK: (Please list be	low the	time you	ı are available for shifts)
Monday:				
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	ing for this particular job:		
How did you find out about ALA Friend Employment Agency Word of mouth Facebook Website Advertisement Other:			
If you were a person with a disa		o be treated by a worker?	
REFEREE CONTACT DETA Can these referees be contacted (include two (2) former employers)	d prior to interview?	☐ Yes ☐ No ease note referees are not to inclu	1
Name and Address	Position	Telephone	How long known?

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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 information and application will be destroyed after 1 months to 12 months at which point will be destroyed if you are not	s, business partners, donors, members of the pub s, employees, delegates, candidates for voluntee hal information ALARA Qld Limited requires your fes or No to your consent below, if you tick NO yo th. If you give consent your information will be ke	olic and r work consent our ept for up
I verify that the above information which I have provacknowledge that, if my application is successful, any could constitute grounds for subsequent dismissal.	· ·	
Signature of Applicant:	Date of Application:	
OFFICE USE ONLY:		
OFFICE USE ONLY: Application received on: / / by:		
	// by:	
Application received on: / / by:	/ / by: Yes	