

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:	Alternative No:	
Email:			
EDUCATIONAL BAC	CKGROUND		
Level	Qualification		Year Completed
Secondary			
Tertiary			
Business or Vocational			
Professional and / or pe	rsonal memberships:		
EMPLOYMENT HIS			
Period of	int for all unemployed time. Continue on another p Employer	age if re	
Employment	(Name & Full Address of Organisation)		Position Held / Title

Application for Employment

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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 r 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 Notic	ity 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?			
Support Workers use their own motor vehicle to transport clients and are reimbursed for at the current rate per kilometre. The minimum requirement is that the vehicle must have third party property insurance. The following questions relate to ALARA's duty of care to clients to ensure their safety while being transported by Support Workers.			
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 driver's licence cancelled, suspended or restricted in the last five (5) years?			
Support Workers are required to comply with the relevant Public Health Orders or funding body requirements related to vaccination status and to provide evidence of your vaccination certificate.			
Are you fully vaccinated for COV-19? (2 doses of vaccination)			

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Q	luestion	No	Yes	Applicable details	
The work of a Supp	oort Worker involved bendi	ng, stre	tching, p	oushing, pulling and lifting. The following	
questions relate to the health & safety of employees. A copy of the Position Description for a Support					
Worker has been provided to you. Failure to disclose a pre-existing medical condition may make you					
ineligible for comp	ensation in certain situatio	ns.			
Do you have any pr	-				
•	es which would affect				
	orm the duties outlined in				
the job description					
Do you have any pr	-				
conditions or injurie					
aggravated by perfo	-				
outlined in the job	description?				
Is there a preferred	l date you would be	_	_		
available to start if					
ALARA works with	a number of employment s	services			
Are you attached to	o any agency as a Job				
Active client and ple	ease provide agency				
details?					
All now staff are re	autrad to have completed		5 Morke	or Orientation Module prior to employment	
with ALARA.	quired to have completed	the NDI	S WORKE	er Orientation Module prior to employment	
WILL ALAKA.					
Have you complete	d the NDIS Worker				
Orientation Module	e?				
A copy of your Cert	ificate of Completion will				
be required at inter	rview.				
-				izen, Permanent Resident or hold a valid	
	-	-		need to provide one of the following:	
				itizenship Certificate; Evident of Permanent	
Residence; status o	of valid Visa with permissio	n to wo	r k.		
		_	_		
Are you entitled to	work in Australia?				
AVAILABILITY T	OWORK: (Please list be	low the	time you	ı are available for shifts)	
Monday:					
Tuesday:					
Wednesday:					
Thursday:					
-					
Friday:					
Saturday:					
Sunday:					
Comments:					

Please list any sport and recreation interests you have:	

What are your reasons for applying for this particular job:

How did you find out about ALARA?

- □ Friend
- □ Employment Agency
- □ Word of mouth
- □ Facebook
- □ Website
- □ Advertisement
- □ Other: _____

If you were a person with a disability, how would you expect to be treated by a worker?

REFER	EE CO	NTACT	DETAILS

Can these referees be contacted prior to interview?	🗖 Yes	🗆 No	
(include two (2) former employers and one (1) character reference.	Please note re	ferees are not to include	relatives

Name and Address	Position	Telephone	How long known?

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I give my Consent and understand my information will be destroyed after twelve (12) months. I do NOT Consent, but understand my information will be destroyed after one (1) month.	
ALARA QLD Limited follows the Australian Privacy Principles contained in the <i>Privacy Act 1988</i> (Cth) (the 'Pri Act'). in handling personal information from clients/carers, business partners, donors, members of the publ ALARA QLD Limited People (including members, volunteers, employees, delegates, candidates for volunteer and prospective employees). As you have provided personal information ALARA Qld Limited requires your c hold your information for up to 12 months. Please tick Yes or No to your consent below, if you tick NO your information and application will be destroyed after 1 month. If you give consent your information will be ke to 12 months at which point will be destroyed if you are not successful in your employment with ALARA Qld	lic and work onsent to pt for up
I verify that the above information which I have provided in this application is true and correct and acknowledge that, if my application is successful, any false or misleading statement in this application could constitute grounds for subsequent dismissal.	

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Signature of Applicant:	Date of Application:
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OFFICE USE ONLY:				
Application received on: / / By:				
NDIS compliance & enforcements register checked: / / By:				
Aged Care Banning Orders checked:	Ву:			
Application shortlisted for interview:				
Interview conducted on: / /				