

**Personal Care
Assistant
Employment
Application Form**

Position Applied for: _____

Department: _____

Site Location: _____

Personal Details

Surname: _____ Given Names: _____

Address: (No. and Name of Street)

Suburb: _____ Postcode: _____

Home Ph: _____ Work Ph: _____ Mobile: _____

Email: _____

Residency status: Australian Citizen *Permanent resident *student

*temporary working visa *other

(* Please also complete the Department of Immigration Form)

Emergency Contact

Name: _____ Phone No: _____ Mobile No: _____

Health Details

Have you sustained an injury or have a medical condition that could affect your ability to perform the inherent requirements of the position applied for?

Yes No

If yes, nature of Injury: _____ Time lost _____

If yes, did you claim worker's compensation?

Yes No

Employment History

If you are not submitting a full resume, please complete an accurate working history

Employment Dates	Company Name	Position	Duties
e.g. 6/5/98 – 15/8/00	David Jones	Assistant Manager	Rosters, Recruitment, product display
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Tertiary Qualifications

Have you completed any tertiary courses, or undertaken any short term training/workshops? (not listed on your resume)

Course Attended	Institution	Year Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Referees

Name	Company Name	Position	Contact Details
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

When you come to the interview, you will need to bring:

- A copy of your driver’s licence
- A copy of your birth certificate or
- A copy of your passport – this is essential if you are not an Australian citizen

Miscellaneous

Do you hold a current First Aid Certificate? Yes
 No
 If yes, what level?

Expiry Date: _____

Do you hold a current Drivers License? Yes
 No
 If yes, Class:

License Number:

Have you ever undertaken training in Occupational Health and Safety? Yes

No

If yes, course:

Year completed:

Are you prepared to attend training arranged by the Association? Yes

No

Have you previously worked for ParaQuad? Yes

No

Were you referred by a ParaQuad NSW employee? Yes

No

If so, please provide name of referring ParaQuad NSW employee:

Cultural Diversity – (Answers are Optional. The data gathered here is used for statistical purposes only and has not and will not influence the selection process or outcome).

Are you of Aboriginal or Torres Strait Islander origin? Yes

No

What is your Country of Birth?

What languages are you proficient in?

ParaQuad is an Equal Employment Opportunity employer. If you have a disability and require employment support (i.e. vehicle transfers, personal care, administration assistance) please ask the Recruitment Manager for an "Employee Workplace Modification Form". This should be included with your application and will allow us to assess your suitability to funding and/or provision for adequate employment support.

PERSONAL/DIRECT CARE EMPLOYEES

1. Can you work before 9.00am? Yes
 No
2. Can you work after 3.00pm Yes
 No
3. Have you previously been employed by another agency to provide personal care to people?
 (e.g. people with disabilities, the aged, people with health complaints) Yes
 No

4. Which tasks were involved in your previous position/s? (please tick as many as are relevant)

- Personal Care (e.g. bowel and bladder care)
- Dressing
- Showering & Grooming
- Manual Handling and transferring
- Meal preparation, cooking and feeding
- Domestic Cleaning and washing
- Assisting clients to take medication
- Shopping / client banking
- Transportation of clients
- Basic arm and leg stretches
- Basic home maintenance
- Basic first aid
- Basic maintenance and preparation of respiratory devices

5. Immunisation

Do you have up-to-date immunity against Hepatitis B? Yes No Don't know

Date of last immunisation: _____/_____/_____

If you do not have immunity against Hep B or you are unsure of your immunity state, will you accept immunisation?

Yes No

6. Have you undertaken any training in Back Care, Hoisting and Transfer Skills? Yes
 No

7. Do you have any skills/training that you believe is relevant to the position which has not been mentioned? Yes
- No

If Yes, please state:

8. Are you currently or have you worked for an agency to provide personal care to people in the last twelve months? If so, please list the Agency/s. _____

Department of Immigration and Multicultural Affairs



AUTHORITY TO OBTAIN DETAILS OF WORK RIGHTS STATUS FROM DIMA

EMPLOYEE DETAILS

(As specified in passport or other identity document)

Family Name: _____

Given Name(s): _____

Other Name(s) used (eg maiden name): _____

Date of Birth: _____ / _____ / _____

Nationality: _____

Passport Number: _____

Visa Number: _____

Visa Expiry Date: _____ / _____ / _____

I authorise the Department of Immigration and Multicultural Affairs (DIMA) to release the details of my work rights status (that is, my entitlement to work legally in Australia) to the employer/labour supplier named on this form.

I understand that these details are held by DIMA on departmental files and computer systems.

I also understand that the employer/labour supplier will use this information for the purposes of establishing my legal entitlement to work in Australia, and for no other purpose.

Employee Signature: _____

Date: _____ / _____ / _____

IF ALL DETAILS MATCH WITH OUR RECORDS, THE EMPLOYEE'S WORK RIGHTS STATUS WILL BE FAXED TO YOU WITHIN ONE WORKING DAY.

I understand that the information I provide in support of my application will be destroyed 2 weeks after the recruitment process if I am deemed unsuitable for the position for which I am applying, unless otherwise agreed in writing by both parties. The purpose for retaining these documents for a period of 2 weeks is for reference in the event of an applicant's grievance in relation to the recruitment process.

I certify that the information set out above is to the best of my knowledge, true and accurate in every detail. I understand that ParaQuad reserves the right to verify all information on this application and that any false statements will be considered sufficient cause for my rejection as an applicant, or my dismissal if employed.

(Name of Applicant)

(Signature of Applicant)

(Date)