Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Available to take up employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| SURNAME |  |
| GIVEN NAME(S) |  |
| STREET ADDRESS |  |
| CITY |  POSTCODE: D.O.B: / / |
| PHONE No: | (H) (W) (M) |
| PERSONAL EMAIL |  |

Are you legally entitled to work in Australia? Yes [ ]  No [ ]

Are you on a Visa? Yes [ ]  No [ ]

If yes, what type of Visa?\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry:\_\_\_/\_\_\_/\_\_\_\_\_ Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYMENT HISTORY FOR THE PAST 5 YEARS

|  |  |  |  |
| --- | --- | --- | --- |
| EMPLOYER  | DATE FROM/TO | TYPE OF WORK | REASON FOR LEAVING |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

REFEREES: (Please provide two work related referees who can provide confidential reports – one should be your current supervisor – if this is not possible please discuss with us)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | Position held by Referee & Organisation | Working Relationship with applicant  | Number of years known to Referee | Telephone numbers |
|  |  |  |  | (W)(M) |
|  |  |  |  | (W)(M) |

MANDATORY REQUIREMENTS

Do you hold a current Drivers Licence?

Yes [ ]  No [ ]  State of Issue: \_\_\_\_\_\_\_\_\_\_\_ Licence No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Licence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a registered and roadworthy vehicle? Are you willing to obtain a vehicle safety certificate?

 Yes [ ]  No [ ]

Do you hold a current Positive Notice Blue Card (Public Safety Business Agency) for a Paid Employee Card?

Yes [ ]  No [ ]  If yes, Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you hold a current NDIS Worker Screening Card (Previously Yellow Card)?

Yes [ ]  No [ ]  If yes Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide your immunization summary (must provide a copy)

Covid (double vax) Yes [ ]  No [ ]

Influenza Yes [ ]  No [ ]

What qualifications do you hold? (Eg: Cert in Disability, Aged Care, Individual Support)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What strengths and talents/interests do you have?

🞎 playing sport 🞎 home improvement projects 🞎 playing music

🞎 watching sport 🞎 repairing things 🞎 singing

🞎 fitness, gymnasium 🞎 building models 🞎 dancing

🞎 jogging, running 🞎 computers 🞎 going to theatre galleries

🞎 fishing, camping, boating 🞎 computer games 🞎 going to music concerts

🞎 hiking, climbing, outdoors 🞎 photography 🞎 crafts, sewing/knitting etc.

🞎 swimming, snorkelling/beach 🞎 chess 🞎 cooking

🞎 Horse riding 🞎 amusement parks/rides 🞎 caring for animals

Other:

|  |
| --- |
| Is there any physical condition that may prevent you from fulfilling the role as described in the attached Position Description?If [ ]  **YES,** and you feel comfortable advising please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If you answer yes to this question Bowen Flexi Care will require you to obtain a Doctor’s certificate stating you are fit to undertake the required tasks detailed in the Position Description.[ ]  **NO,** I do not have any physical conditions that would impact my potential employment with Bowen Flexi Care.  |
| Are you available to work over night shifts and hours outside of Monday – Friday 07:00am to 5:00pm under a roster system. Yes [ ]  No [ ]  |

|  |
| --- |
| Do you have any experience working with vulnerable people - people with a disability or aged care?Please give details:  |
| What is your understanding of the needs of a person with a disability? |
| Please give example of your effective written, verbal and listening skills. |
| Please give a brief outline of the skills you can bring to this position and why you should be considered for an interview? |

To the best of my knowledge the information supplied in this application is true and correct.

I accept that if I knowingly give false information I may be liable for immediate dismissal, without pay in lieu of notice.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please forward this application with a current copy of your resume and any supporting documentation, to the Bowen Flexi Care Inc. office.

**Please indicate how you became aware of positions at Bowen Flexi Care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bowen Flexi Care collects personal information as the primary purpose of this form.**