



## **Information Regarding the Application and Recruitment Process**

### **Applying for a Position**

You will be interviewed by one of our Service Coordinators. Selection for PCA positions are primarily based on merit. This means that a person will be selected for the job on the basis of demonstrating the skills, personal qualities and experience that best match our client's requirements. You are expected to have good written and spoken English, however formal qualifications or prior experience is desirable but not essential as training is given. In some circumstances a successful candidate may also be required to attend an interview with the client they will be working with.

### **Referee Check**

If your interview is satisfactory, the Service Coordinator will phone one or both of your nominated referees for their observations of your recent work performance. They may also be asked to verify or comment on claims made by you in this application form or during the interview.

### **Police Records Check**

The NSW Government requires a Police record check to be carried out on all people who work as Personal Care Attendants. A prior conviction does not necessarily disqualify you from selection; if this is the case the Manager will discuss the matter with you before any final decision is made regarding your employment.

### **Statutory Declaration**

To enable CareWorks to be able to commence your employment, a Statutory Declaration needs to be completed prior to the Police Check becoming available.

### **Working with Children Check**

You are also required to complete a consent form for a background check to ensure you do not have any prior convictions that would prevent you from working with children or in homes where children are present.

### **Induction Interview**

If you are successful in this application you will be contacted by us shortly after confirmation of your appointment, to arrange your attendance at our office for an induction interview (information session) which must be carried out before you start work or training.

## APPLICANT DETAILS

### PLEASE COMPLETE ALL FIELDS

Date of interview .....

#### Personal Details

Title: ..... Given names: ..... Surname: .....

Address: ..... Postcode: .....

Contact phone numbers: Home ( ) ..... Business ( ) .....

Mobile: ..... Fax: ( ) ..... Email: .....

Have you ever been employed by CareWorks? **Yes / No** (if yes, please specify the position and location and the name you were employed under if different from above)

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Do you have any relatives/family in the employ of CareWorks? **Yes/No** (if yes, please specify name(s):

.....

How did you hear about CareWorks and/or any CareWorks employment opportunities:

.....

Please circle the type of work you are looking for: full time / part time / casual relief.

Are you over 18 years old? **Yes / No** What date are you available to commence work from? .....

Are you willing to work weekends? **Yes / No** Are you willing to work shiftwork? **Yes / No**

Do you have a second job? **Yes / No** (if yes, please specify the nature and extent of your second job)

.....

#### Residency Status

##### Work Eligibility

In order to comply with legislation, CareWorks must ensure that you are legally entitled to work in Australia.

Are you legally entitled to work in Australia? Yes/No: ..... Please provide documentary evidence as follows:

Australian citizenship may be proven in the following ways:

- full Australian birth certificate (if born before 20 August 1986) and a form of photo ID
- full Australian birth certificate (if born on or after 20 August 1986), a form of photo ID and evidence that at least one parent was an Australian citizen or permanent resident at the time of the child's birth
- Australian citizenship certificate and a form of photo ID, or
- Australian passport issued on or after 22 November 1984.

The visa status of a non-Australian citizen may be established in the following ways:

- permanent resident status shown by visa label showing "nil conditions", plus photo ID
- permanent resident status shown by certificate of residence, plus photo ID
- proof of New Zealand citizenship with a valid passport, or
- foreign national passport and temporary visa holder shown by visa label with work conditions specified, plus photo ID.

For non- Australian citizens, CareWorks is required to conduct Work Eligibility Checks.

In order to comply with Government legislation, CareWorks conducts Police Background Checks on all new employees and from time to time on existing employees. For both of these checks you will be required to provide at least 100 points of identification.

##### Criminal Record Checks

CareWorks recognises its duty of care to all residents, clients and employees is of great importance.

In order to comply with legislation, CareWorks requires all successful applicants to undergo a Criminal Background Check.

To answer yes below will not automatically disqualify you from employment with CareWorks. Each case will be reviewed in relation to its circumstances and the position applied for.

1. Are you the subject of any criminal charge(s) still pending before a court?

**Yes / No** (if yes, please specify)

.....  
.....

2. Have you been the subject of any criminal conviction(s) or finding(s) of guilt before a court which are not pardoned, quashed or spent convictions under legislation?

**Yes / No** (if yes, please specify)

.....  
.....

Applicants for Child Related Employment should note that it is an offence under the NSW Child Protection (Prohibited Employment) Act 1998 for a person convicted of a serious sex offence to apply for any child related employment. Applicants undertaking child related employment will be required to complete a Working with Children check for any indictable offences.

### Health Status

Have you ever made a Workers Compensation claim for an injury?

No     Yes → Year of claim ..... Is the claim settled?     Yes     No

Have you ever made a Third Party or Public Liability claim for an injury?

No     Yes → Year of claim ..... Is the claim settled?     Yes     No

Have you sustained any injuries that would interfere with your ability to carry out the activities required for the position you have applied for?     No .....  Yes

If yes, please give details.

.....

The position applied for may entail repetitive actions and/or physical work involving bending, twisting, lifting and carrying. It may also entail interaction with people with challenging behaviours and circumstances eg dementia care, palliative care, people with intellectual disabilities etc. Are you aware of any physical or psychological limitations that may affect your ability to perform the functions of the role you have applied for?

No     Yes

**Yes / No** (if yes, please give details of such limitations and any adjustments you require to assist you to perform the duties)

.....  
.....

Please note that you may be asked to complete a Pre-Placement Health Check in order to ensure that you do not have any limitations that may affect your ability to perform this role and/or that you are not placed in a role where you would be at risk of a workplace injury.

Are you willing to undertake a medical examination? **Yes / No**

**Vehicle**

Do you hold a current Driver's Licence?     Yes     No    Class: .....

Licence Number: .....

Do you have regular access to a reliable motor vehicle that you can use for travel to/from work?

Yes     No        Registration Number: .....    State of Registration: .....

Do you have as a minimum third party property insurance (note evidence will be required)?

Yes     No

**Employment History**

Please complete employment history if you have not supplied a detailed resume. Most recent appointment first.

<b>Period of Employment</b>	<b>Name of Company or Organisation</b>	<b>Position Held</b>	<b>Duties</b>

**Qualifications or Short Courses Attended/ Completed**

<b>Course</b>	<b>Institution</b>	<b>Date of Attendance/ Completion</b>

**References**

If you have not supplied recent written references, please give contact details for at least two referees. One of these should be able to provide a recent professional/work reference.

1. Name: ..... Is this a personal or professional referee?  
 Phone No: ..... Mobile No: .....  
 May we contact this referee?  Yes  No

2. Name: ..... Is this a personal or professional referee?  
 Phone No: ..... Mobile No: .....  
 May we contact this referee?  Yes  No

**Availability**

**Would you like us to keep this information in our records so that you can be considered for other positions with other clients when they arise?**  Yes  No

If you answered yes, please complete the table below to indicate the days and times you are available for work.

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Are you willing to travel further than 10 kilometres for work?  Yes  No

Do you hold a current First Aid Certificate?  Yes  No

If yes, what level? ..... Expiry Date: .....

Do you hold a current CPR Certificate?  Yes  No Expiry Date: .....

**Next of Kin:**

Name: ..... Relationship: .....

Address: .....

Contact Number: .....

**Declaration**

Please read carefully before signing

1. I agree that I will actively work in accordance with the CareWorks Mission and Philosophy.
2. I agree to work in accordance with CareWorks Policies and Procedures as issued from time to time.
3. I agree that CareWorks may obtain a reference from the referees listed on or attached to this document.
4. I agree upon termination of my employment or at any other time upon being requested by CareWorks, I shall return all documents, papers and property owned by CareWorks.
5. I agree to my wages/salary being directly credited to my nominated bank account.
6. I agree to wear required personal protective equipment and follow all CareWorks OHS policies and procedures.
7. I agree that I am eligible to work in Australia and that I may be required to produce Citizenship/Visa/Work Permit or any other documents as evidence of such at any time.

I declare that I am the nominated person on this form and that the information given on this form is true and accurate to the best of my knowledge. I also understand that if I have given any false or misleading information in this application my employment may be discontinued.

Signature:.....

Date: ...../...../.....

**Please tick the boxes below to indicate which tasks you are experienced in and are confident to perform. Your answers will help us to ensure that you are placed with a suitable client and that you receive appropriate training and support during your orientation period.**

- Showering/Dressing/Grooming
- Bed sponge
- Administer micro enema (Microlax or Bisalax)
- Administer rectal suppositories
- Application of uridome
- Care of indwelling urinary catheter
- Care of suprapubic catheter
- Cleaning/sterilising urine bags or bottles
- Skin checks for skin damage/pressure area prevention
- Simple wound care dressings
- Care of colostomy/ileostomy (bowel stoma)
- Care of ileal conduit (urinary stoma)
- Care of PEG/Button stoma
- Assistance with medications
- Preparing meals for the client
- Assistance with feeding/eating
- Working with a person with swallowing difficulties
- PEG / Button feeds
- Assisted cough (quad cough) technique
- Hoist transfer
- Slide board transfer
- Use of slide sheet
- Assistance with passive exercise (physiotherapy)
- Working with a non-verbal client (unable to speak)
- Assistance with speech therapy
- Palliative care - working with a person who has a 'terminal' condition
- Light household tasks – cleaning, laundry, ironing etc
- Working with people with challenging behaviours