

APPLICATION FORM

PERSONAL DETAILS

Date of Birth: ____/____/____ Given Name: _____

Preferred Name: _____ Surname: _____

Address: _____

Postcode: _____

Telephone: _____ Mobile Phone: _____

Email Address: _____

Please specify any language you speak other than English: _____

Are you a permanent resident of Australia?: _____

If no, what type of visa do you currently hold?: _____

WORK PREFERENCES

What type of work are you seeking? (Please circle):

- Personal Care
- Homecare
- Other: Please specify _____

How many hours would you like to work per week? _____

What are your preferred days? _____

Are there any times you are not available? _____

Why are you interested in working in aged care? _____

EMPLOYMENT HISTORY

Name of employer: _____

Position title: _____

Key responsibilities: _____

Period of employment: _____

Name of employer: _____
 Position title: _____
 Key responsibilities: _____

 Period of employment: _____

Name of employer: _____
 Position title: _____
 Key responsibilities: _____

 Period of employment: _____

Please note that if invited for an interview, you will be required to bring with you the contact details of 2 professional and 1 personal referee.

EDUCATION / TRAINING / QUALIFICATION DETAILS

Secondary School / College/University/ Professional Institute	Year		Highest Standard Passed, Certificate or Diploma gained
	From	To	
Additional Training Completed			
Current First-Aid Certificate	Yes / No		

TRANSPORT

Do you have a current drivers licence? (Please circle) Yes / No
 If so do you have comprehensive insurance? (Please circle) Yes / No
 Do you have a roadworthy vehicle? (Please circle) Yes / No

POLICE CHECK

It is a requirement of Your Choice HomeCare that all employees undergo a Police Check before commencing employment (unless you can produce a current clean national police check dated no longer than 12 months from the date of this application). Employment with the company is subject to the results of the police check showing a clear record.

Do you hold a current (within 12 months) clean national police check? (Please circle) **Yes / No**
(if yes Your Choice HomeCare must sight the original copy)

Are you willing to undertake a Police Check if not supplied? (Please circle) **Yes / No**

Have you been charged or convicted of a criminal offence in Australia or overseas
(Please circle) **Yes / No**

If 'yes' you are required to outline the nature and date of the offence(s) other than convictions under Commonwealth Law that occurred more than 10 years ago.

MEDICAL HISTORY

Providing home support services can be physically demanding and stressful at times. Do you have any existing physical, medical or psychiatric conditions that we may need to take into consideration when scheduling your work? (Please circle) **Yes / No**

If yes please describe your condition _____

Please note: Legally you are obliged to answer this question accurately.

DECLARATION

I declare that the information provided on this application form is true and correct and I have provided full disclosure of all information required by the company

Signed: _____ Date: _____

Thank you for your interest in Your Choice HomeCare, please fax your completed form to (02) 9569 9954 or post to Your Choice HomeCare, PO Box 225 Leichhardt NSW 2040.

We will review your application and contact you if you have been selected for an interview.