

APPLICATION FORM

PERSONAL DETAILS

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

Preferred Name: _____ Surname: _____

Address: _____

Suburb: _____ Postcode: _____

Telephone: _____ Mobile Phone: _____

Email Address: _____

Please specify any language(s) you speak other than English: _____

Are you a permanent resident of Australia? _____

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

WORK PREFERENCES

Why are you interested in working this industry? _____

What type of work are you seeking? **Please specify:** _____

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

Are there any times you are not available? _____

Are there any times you are not available? _____

What are your preferred days/times of availability? **Pls fill in below**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
START & FINISH TIMES								
OVERNIGHTS Y or N								

EMPLOYMENT HISTORY AND REFERENCE(S)

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: _____

REFERENCES/REFEREES

Referee Name: _____ **Contact Number:** _____

Position: _____

Referee Name: _____ **Contact Number:** _____

Position: _____

Referee Name: _____ **Contact Number:** _____

Position: _____

EDUCATION / TRAINING / QUALIFICATION DETAILS

Secondary School / College/University/ TAFE/Professional Institute etc	Year		Highest Standard Passed, Certificate or Diploma gained (?)
	From	To	
Additional Training Completed			
Current First-Aid Certificate	Yes / No	Date Completed:	
Current Mental First Aid Certificate	Yes / No	Date Completed:	
Current Working With Children Check	Yes / No	Date Completed:	
General Medication Administration	Yes / No	Date Completed:	
Epilepsy Training, Provide Medication	Yes / No	Date Completed:	

TRANSPORT

Do you have a clear current driver’s license? **(Please circle)** Yes / No

Do you have a roadworthy vehicle? **(Please circle)** Yes / No

Do you have FULL access to this car? **(Please circle)** Yes / No

If so do you have current comprehensive insurance? **(Please circle)** Yes / No

Is your car currently registered? **(Please circle)** Yes / No

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.

EMPLOYEE SCREENING CHECK(S)

A requirement of Your Choice HomeCare is that all applicants and employees undergo a **Police Check** and be willing to obtain a **Working With Children (WWC) Check** for paid work prior to commencing employment. We will accept a clean national police check **no older than 6 months** from the date of this application.

Initial and continued employment with YCHC is subject to the results of ALL previous, current and future checks showing a clear record.

- Do you hold a current (within 6 months) clean national police check? (Please circle)**Yes/ No**
(If **yes** Your Choice HomeCare must sight the original form)
- Do you hold a current clean WWC check for paid work? (Please circle)**Yes/ No**
(If **yes** Your Choice HomeCare must be presented with the WWC code for paid employment)
- Are you willing to acquire BOTH of these checks if none are supplied? (Please circle)**Yes / No**
- Have you been charged or convicted of ANY FORM of criminal offence in Australia or overseas against any person (adult or child)? (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). _____

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 YCHC:

Signed: _____ Date: _____

Thank you for your interest in Your Choice HomeCare, please send your completed form together with your CV (curriculum vitae)/Resume via email to: jobs@yourchoicehomecare.com.au or via post: Your Choice HomeCare, PO Box 225 Leichhardt NSW 2040.

We will contact you shortly regarding the next step(s)!

YCHC Team