



2 PEATON AVENUE
 INGLE FARM SA 5098
 PHONE: (08) 8396 5699
 FAX: (08) 8396 5677
 EMAIL: leveda@leveda.org.au

CONFIDENTIAL

APPLICATION FOR EMPLOYMENT

THIS APPLICATION WILL LAPSE AFTER 12 MONTHS AND MUST BE RENEWED IF YOU WISH TO REMAIN ON OUR RECORDS,
 THE RELEVANT INFORMATION THAT YOU PROVIDE WILL BE USED TO ASSESS YOUR SUITABILITY FOR INTERVIEW. IT IS THEREFORE IN YOUR INTEREST TO COMPLETE THIS FORM ACCURATELY AND TO CONSIDER YOUR ANSWERS CAREFULLY BEFORE WRITING THEM DOWN.
 APPLICATIONS ARE INVITED FROM PERSONS REGARDLESS OF SEX, RACE, ETHNIC BACKGROUND OR PHYSICAL IMPAIRMENT.

| PERSONAL DETAILS | |
|--|---|
| PREFIX | DR MRS MR MISS MS |
| SURNAME | |
| FIRST NAMES | |
| FORMER NAME (IF APPLICABLE) | |
| ADDRESS | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: right;">POST CODE</div> |
| DATE OF BIRTH | |
| TELEPHONE | HOME _____ MOBILE _____ |
| ARE YOU A PERMANENT AUSTRALIAN CITIZEN? | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| IF NOT PLEASE IDENTIFY VISA TYPE AND EXPIRY DATE | |

| | |
|--|--|
| HOW DID YOU BECOME AWARE OF THE OPPORTUNITY FOR EMPLOYMENT AT LEVEDA? | |
| | |
| HAVE YOU APPLIED TO LEVEDA BEFORE? | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| ESSENTIAL CRITERIA | |
|--|--|
| DO YOU HAVE THE FOLLOWING? (IF YES, PLEASE ATTACH A COPY) | |
| • A POLICE CLEARANCE OBTAINED IN THE LAST 3 MONTHS | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| • A CURRENT SOUTH AUSTRALIAN DRIVER'S LICENCE | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| • SENIOR FIRST AID CERTIFICATE | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| INTERESTS | |
| • | |
| • | |
| • | |
| • | |

| PREVIOUS EXPERIENCE | | | | | |
|--|------------------|-------------------------|---|--|-----|
| HAVE YOU HAD PREVIOUS EXPERIENCE WORKING WITH PEOPLE WITH A DISABILITY? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| IF YES PLEASE INDICATE THE NATURE OF THIS EXPERIENCE BY TICKING THE BOX USING THE 4 CODES LISTED BELOW. | | | | | |
| PAID EMPLOYMENT (PE) | VOLUNTARY (V) | WORK EXPERIENCE (WE) | | PERSONAL / FAMILY (P / F) | |
| PREVIOUS EXPERIENCE | | PE | V | WE | P/F |
| AGED CARE | | | | | |
| YOUTH WORK | | | | | |
| AUTISM | | | | | |
| CHALLENGING BEHAVIOUR | | | | | |
| HEARING IMPAIRMENT | | | | | |
| INTELLECTUAL DISABILITY | | | | | |
| MENTAL HEALTH | | | | | |
| NEUROLOGICAL DISABILITY | | | | | |
| PHYSICAL DISABILITY | | | | | |
| VISION IMPAIRMENT | | | | | |
| ACQUIRED BRAIN INJURY | | | | | |
| ANY OTHER DISABILITY (PLEASE SPECIFY) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| TRAINING / COURSES / QUALIFICATIONS | | | |
|---|----------------|--------------------------|--------------------------|
| NAME OF COURSE | DATE COMPLETED | STILL STUDYING | DID NOT COMPLETE |
| SENIOR FIRST AID CERTIFICATE | | <input type="checkbox"/> | <input type="checkbox"/> |
| CARERS' PRE-EMPLOYMENT TRAINING COURSE | | <input type="checkbox"/> | <input type="checkbox"/> |
| CERTIFICATE II COMMUNITY SERVICES (DISABILITY) | | <input type="checkbox"/> | <input type="checkbox"/> |
| CERTIFICATE II COMMUNITY SERVICES (AGED CARE) | | <input type="checkbox"/> | <input type="checkbox"/> |
| CERTIFICATE III COMMUNITY SERVICES (DISABILITY) | | <input type="checkbox"/> | <input type="checkbox"/> |
| CERTIFICATE III COMMUNITY SERVICES (AGED CARE) | | <input type="checkbox"/> | <input type="checkbox"/> |
| CERTIFICATE IV COMMUNITY SERVICES (DISABILITY) | | <input type="checkbox"/> | <input type="checkbox"/> |
| CERTIFICATE IV COMMUNITY SERVICES (AGED CARE) | | <input type="checkbox"/> | <input type="checkbox"/> |
| MANUAL HANDLING CERTIFICATE | | <input type="checkbox"/> | <input type="checkbox"/> |
| BACHELOR OF DISABILITY STUDIES | | <input type="checkbox"/> | <input type="checkbox"/> |
| BACHELOR OF SPECIAL EDUCATION | | <input type="checkbox"/> | <input type="checkbox"/> |
| MANDATED NOTIFICATION TRAINING | | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER STUDY (PLEASE INDICATE) | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

| OTHER SKILLS |
|--|
| PLEASE INDICATE IF YOU HAVE HAD ANY EXPERIENCE IN THE FOLLOWING AREAS: |

| | | | |
|---|--|-------------|--|
| WORD PROCESSING | <input type="checkbox"/> YES <input type="checkbox"/> NO | SPREADSHEET | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| INTERNET | <input type="checkbox"/> YES <input type="checkbox"/> NO | E-MAIL | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| PLEASE INDICATE IF YOU HAVE ANY OTHER PERSONAL SKILLS OR EXPERIENCE THAT YOU THINK COULD BE RELEVANT TO THE POSITION. | | | |
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EMPLOYMENT HISTORY

PLEASE LIST YOUR DETAILS STARTING WITH YOUR MOST RECENT/CURRENT EMPLOYER.
 THIS INFORMATION WILL BE KEPT CONFIDENTIAL.
 PLEASE FEEL FREE TO ELABORATE FURTHER ON ANOTHER SHEET IF NECESSARY.

| | | | |
|--|-------|--|--|
| MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 1. | DATE: | FROM _____, _____ MONTH YEAR | TO _____, _____ MONTH YEAR |
| EMPLOYER: _____ | | ADDRESS: _____ | |
| POSITION: _____ | | _____ | |
| NATURE OF WORK OR DUTIES PERFORMED: | | | |
| _____ | | | |
| _____ | | | |
| FULL-TIME OR PART-TIME: _____ | | | |
| REASON FOR LEAVING: _____ | | | |

| | | | |
|--|-------|--|--|
| MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. | DATE: | FROM _____, _____ MONTH YEAR | TO _____, _____ MONTH YEAR |
| EMPLOYER: _____ | | ADDRESS: _____ | |
| POSITION: _____ | | _____ | |
| NATURE OF WORK OR DUTIES PERFORMED: | | | |
| _____ | | | |
| _____ | | | |
| FULL-TIME OR PART-TIME: _____ | | | |
| REASON FOR LEAVING: _____ | | | |

REFEREES

PLEASE PROVIDE DETAILS OF THREE WORK RELATED REFEREES.

1. NAME: _____
TELEPHONE: _____
ADDRESS: _____

2. NAME: _____ TELEPHONE: _____
ADDRESS: _____

3. NAME: _____ TELEPHONE: _____
ADDRESS: _____

MEDICAL HISTORY

1. THE REQUIREMENTS OF THE POSITION NECESSITATE THE EMPLOYEE TO BE ABLE TO PERFORM FREQUENT AND REPETITIVE MANUAL HANDLING TASKS. APPLICANTS WILL BE REQUIRED TO LIFT IN EXCESS OF (16KG), TURN BEND ON A FREQUENT BASIS. IS THERE ANYTHING IN YOUR MEDICAL HISTORY THAT WOULD PREVENT YOU FROM MEETING THIS REQUIREMENT?
 YES NO
2. STAFF ARE REQUIRED TO HAVE AN ABILITY TO WORK UNDER PRESSURE, MEETING TIME LINES AND OFTEN DEALING WITH A DIFFICULT CLIENT BASE, IS THERE ANYTHING IN YOUR MEDICAL HISTORY THAT WOULD PREVENT YOU FROM MEETING THIS REQUIREMENT?
 YES NO

IF YES TO ANY OF THE TWO QUESTIONS ABOVE, GIVE DETAILS:

IMPORTANT: FAILURE TO DISCLOSE A PRE-EXISTING MEDICAL CONDITION MAKES MANAGEMENT'S RESPONSIBILITY TO PROVIDE A SAFE PLACE OF WORK UNDER SECTION 19 OF THE OCCUPATIONAL HEALTH SAFETY & WELFARE ACT EXTREMELY DIFFICULT AND MAY RESULT IN IMMEDIATE DISMISSAL UPON DISCOVERY.

WILL YOU AGREE TO UNDERGO A MEDICAL EXAMINATION, IF REQUESTED?
 YES NO

HEALTH: TO THE BEST OF YOUR KNOWLEDGE AND BELIEF ARE YOU OF SOUND HEALTH? YES NO

(APPLICANTS WHO HAVE A DISABILITY ARE INVITED TO DISCUSS WITH US THE RELEVANCE OR OTHERWISE TO THE EMPLOYMENT APPLIED FOR).

CONVICTIONS: ONLY PERSONS OVER THE AGE OF 18 YEARS ARE OBLIGED TO COMPLETE THIS SECTION.

HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENCE? YES / NO

| | | | | | |
|-------|-----|--------|---------|-------|----------|
| IF | YES | PLEASE | PROVIDE | BRIEF | DETAILS: |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |

AVAILABILITY

PLEASE INDICATE YOUR AVAILABILITY BY TICKING THE APPROPRIATE BOX.

| | SUN | MON | TUE | WED | THU | FRI | SAT |
|----------------------------|-----|-----|-----|-----|-----|-----|-----|
| MORNING | | | | | | | |
| AFTERNOON / EVENING | | | | | | | |
| OVERNIGHT (E.G. SLEEPOVER) | | | | | | | |

PLEASE INDICATE THE NUMBER OF HOURS PER WEEK THAT YOU ARE AVAILABLE.

| | |
|--------------------|--|
| 10-15 HOURS | |
| 15-20 HOURS | |
| 20-25 HOURS | |
| 25-30 HOURS | |
| MORE THAN 30 HOURS | |

IF AT THE TIME OF APPLICATION YOU ARE UNABLE TO INDICATE YOUR CURRENT AVAILABILITY IN A TIMETABLE FORMAT, ARE YOU ABLE TO NEGOTIATE YOUR HOURS AROUND CURRENT COMMITMENTS YOU MAY HAVE?

YES NO

ARE YOU INTENDING TO COMBINE ANY EMPLOYMENT THAT YOU MAY RECEIVE THROUGH LEVEDA WITH ANY OTHER EMPLOYMENT OR STUDY?

YES NO

COMMUNITY SUPPORT WORKER APPLICATION PROCESS CHECK LIST

PLEASE COMPLETE THE FOLLOWING CHECK LIST TO ENSURE THAT YOU HAVE COMPLETED ALL COMPONENTS OF THE APPLICATION PROCESS.

TO BE CONSIDERED FOR A POSITION AT LEVEDA, YOU MUST DO THE FOLLOWING:

| | |
|--|--|
| COMPLETE AN APPLICATION FORM | |
| PROVIDE CONTACT DETAILS FOR 2 REFEREES WHO ARE ABLE TO SPEAK ON YOUR SUITABILITY TO WORK AS A COMMUNITY SUPPORT WORKER (NOT FAMILY OR FRIENDS) | |
| ATTACH A COPY OF YOUR DRIVER'S LICENCE (FRONT AND BACK) | |
| ATTACH A COPY OF YOUR SENIOR FIRST AID CERTIFICATE | |
| ATTACH A COPY OF YOUR POLICE CLEARANCE (ISSUED WITHIN THE PAST 3 MONTHS) | |
| ATTACH A COPY OF YOUR MANUAL HANDLING CERTIFICATE (ISSUED WITHIN THE PAST 12 MONTHS) | |
| ATTACH A COPY OF YOUR CERTIFICATE III IN COMMUNITY SERVICES (DISABILITY / AGED CARE) | |

PRIVACY

(IN ACCORDANCE WITH NATIONAL PRIVACY PRINCIPLES 1.3 & 1.5)

THE PROCESS USED TO ASSESS YOUR SUITABILITY AS A COMMUNITY SUPPORT WORKER FOR LEVEDA REQUIRES YOU TO COMPLETE THIS STANDARD APPLICATION FORM. WE REQUIRE SOME PERSONAL DETAILS SUCH AS YOUR NAME, HOME ADDRESS, TELEPHONE NUMBERS, INFORMATION ABOUT YOUR PAST EMPLOYERS AND TWO NOMINATED REFEREES.

WE REQUIRE THIS INFORMATION SO THAT:

- WE CAN CONTACT YOUR REFEREES TO VERIFY YOUR PAST WORK EXPERIENCE;
- WE CAN CONTACT YOU TO ADVISE YOU WHETHER YOUR APPLICATION HAS BEEN SUCCESSFUL OR NOT;
- SHOULD YOU BE SUCCESSFUL YOUR DETAILS CAN BE ENTERED INTO OUR COMPUTERISED HUMAN RESOURCES INFORMATION SYSTEM FOR THE EFFECTIVE ADMINISTRATION OF PAYROLL AND MANDATORY TRAINING.'

IT IS LEVEDA'S POLICY TO CHECK THE VISA STATUS OF NON-PERMANENT AUSTRALIAN RESIDENTS AND NON-AUSTRALIAN CITIZENS WITH THE DEPARTMENT OF IMMIGRATION.

THE PERSONAL INFORMATION THAT WE COLLECT IS ACCESSED BY ONLY RELEVANT STAFF MEMBERS IN THE PERFORMANCE OF THEIR DUTIES. THE INFORMATION IS HELD IN CONFIDENCE BY LEVEDA EXCEPT WHERE THE RELEASE OF SUCH INFORMATION IS REQUIRED BY LAW.

NONE OF THE INFORMATION COLLECTED IS USED FOR ANY PURPOSE OTHER THAN THOSE OUTLINED ABOVE. NO INFORMATION IS DISCLOSED TO OTHER ORGANISATIONS OR PERSONS OUTSIDE LEVEDA EXCEPT WITH THE WRITTEN PERMISSION OF THE APPLICANT.

