



CASUAL EMPLOYEE APPLICATION - DISABILITY

Please complete the **Casual Employee Application Form** and return together with your **resume** to:

**CEO
The Parkside Foundation
11 Tullah Street
Mornington TAS 7018**

**OR
Email to: enquiries@parkside.org.au**

The Interview:

If you are successful in attaining an interview you will be advised of the date, time and place. It is vital that you are punctual and properly prepared for the interview.

Please bring to the interview:

- current manual driver's license
- current first aid certificate
- current National Police check if available
- any relevant certificates or qualifications

Selection:

If you are successful following the interview and referee reporting stages, you will be offered a position subject to the following:

1. Satisfactory completion of the medical and fitness examinations.
2. A clear record being attained from the National Police check (Aged Care) / Working With Vulnerable People (Disability).
3. A current manual driver's license.
4. Agreement to abide by The Parkside Foundation Staff Code of Conduct.
5. Acceptance of the terms and conditions of The Parkside Collective Agreement.
6. All staff are subject to a three month probation period.

Good luck with the application!



Name:

Last Name:

Address:

Contact Number:

Date of Birth:

Email:

Why are you interested in working as a support worker?

Do you have experience working with:

- A. Older people
- B. People with dementia
- C. People with physical disabilities
- D. People with intellectual disabilities

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes" to any of the above, please provide details below.

Please describe your understanding of current trends and practices relating to people living with disabilities.

Do you have any additional skills that you can bring to the position (eg, do you speak another language?)



Please describe the times and days that you are available for work:	
--	--

OTHER	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Do you have a current <i>manual</i> drivers' licence?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Do you have your own vehicle?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Do you have a current first aid certificate?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Have you undertaken any training as a support worker.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p>If "Yes" please provide details.</p>		Yes	No	Do you have a current <i>manual</i> drivers' licence?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have your own vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a current first aid certificate?	<input type="checkbox"/>	<input type="checkbox"/>	Have you undertaken any training as a support worker.	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No														
Do you have a current <i>manual</i> drivers' licence?	<input type="checkbox"/>	<input type="checkbox"/>														
Do you have your own vehicle?	<input type="checkbox"/>	<input type="checkbox"/>														
Do you have a current first aid certificate?	<input type="checkbox"/>	<input type="checkbox"/>														
Have you undertaken any training as a support worker.	<input type="checkbox"/>	<input type="checkbox"/>														

Have you applied for a position with The Parkside Foundation before?	Yes/No	
---	---------------	--

Please provide the name of two referees:

Name:		Name:	
Professional Relationship:		Professional Relationship:	
Contact Number:		Contact Number:	

Signature of applicant:			Date:	
--------------------------------	--	--	--------------	--

Please attach a copy of your Resume with this application.