



HOLISTIC CARE SA PTY LTD

ABN: 93164 054 700

6/69 Fullarton Road, KENT TOWN SA 5067

P 7423 8600 | E enquiries@holisticcaresa.com.au | W www.holisticcaresa.com.au

EMPLOYMENT APPLICATION FORM

Please complete ALL questions

PERSONAL INFORMATION

Mr Mrs Miss Ms

Surname

Given Name

Address

Contact Number

Date of birth

Email Address

ELIGIBILITY FOR EMPLOYMENT

I am an Australian Citizen

I am not an Australian citizen. I have provided or will provide evidence of my right to work in Australia and declare that I am entitled to do so.

Have you been convicted of a criminal offence? Yes No

Applicants should note that employment screening will be conducted

Do you have a current drivers licence? Yes (Please tick which licence do you hold) No

Full Licence Provisional licence (P1) Provisional licence (P2)
 Learner's Permit International Licence

Do you have a registered and reliable vehicle? Yes No

Are you willing to travel between shifts during the day? Yes No

Do you speak other languages other than English? Yes (please specify) No

Please specify other languages you speak:

EDUCATIONAL QUALIFICATIONS AND CERTIFICATES – please tick the qualifications and certificates you have.

- Certificate III in Home & Community Care/Certificate III in Disability Work/Certificate III in Aged Care
- DCSI –Disability Services Employment Screening
- NDIS Worker Screening Check
- NDIS Worker Orientation Module
- Current Apply First Aid Certificates
- Current CPR Certificate
- Current Manual Handling Certificate
- Other (Please specify)

Holistic Care SA have mandated full immunisation against COVID-19. You will be required to declare and provide satisfactory evidence

SKILLS – Client Groups Tick box if you have had experience with the following

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Paraplegia/Quadriplegia | <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Aged Care | <input type="checkbox"/> Autism Spectrum |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Neurological Disorders (MS, Parkinson's, Epilepsy) | <input type="checkbox"/> Cerebral Palsy | |
| <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Behaviour of Concern | <input type="checkbox"/> No experience | |

SKILLS – Personal Care Tick box if you have had experience with the following

- | | | | | |
|---|--|---|--|---------------------------------------|
| <input type="checkbox"/> Showering | <input type="checkbox"/> Hoist Transfer | <input type="checkbox"/> Dressing | <input type="checkbox"/> Slide Boards/Sheets | <input type="checkbox"/> Wheel Chairs |
| <input type="checkbox"/> Leg Bag Care | <input type="checkbox"/> Assisted Standing | <input type="checkbox"/> Catheter Care | <input type="checkbox"/> Domestic support | <input type="checkbox"/> Peg Feeding |
| <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Bowel Care | <input type="checkbox"/> Grooming | | |
| <input type="checkbox"/> Ventilator/Tracheotomy | <input type="checkbox"/> Non Verbal | <input type="checkbox"/> No previous experience | | |

Do you have other skills experience or interest which may be relevant to the position?

- Yes (please provide details) No

PRE-EXISTING INJURIES OR DISEASES

Holistic Care SA makes every effort to match the worker with the appropriate clients. It is your responsibility to disclose information about any pre-existing injuries or disease. Eg back problems that could reasonably be affected by the nature of the work. Please tick the relevant boxes below:

Are you aware of any pre-existing injury, illness or condition that maybe affected by this work?

- Yes No

If yes, Please declare any pre-existing injury or diseases

Are you prepared to provide/undertake an independent medical to support your application if necessary?

- Yes No

Have you made a WorkCover claim in the last five years? Yes No

If yes, please list the details of any claims made

You may be asked to provide a certificate of capacity stating you are fit for normal duties and or a letter from the insurance company stating that the claim is closed.

Please tick whichever of the following statements is applicable:

Yes, I have no prior injuries that may recur, deteriorate, be exacerbated or aggravated by the employment

Yes, I have suffered the conditions as indicated on the previous page and these may recur, deteriorate, be exacerbated or aggravated by the employment

Yes, I have suffered the conditions as indicated on the previous page and will not recur, deteriorate, accelerate or be exacerbated or aggravated by the employment.

PROFESSION REFEREES - Please provide the names and contact numbers of three referees. At least 2 of these must be work references

| | |
|------------------|--|
| Name | |
| Position/Company | |
| Contact Number | |
| Email Address | |
| Relationship | |

| | |
|------------------|--|
| Name | |
| Position/Company | |
| Contact Number | |
| Email Address | |
| Relationship | |

| | |
|------------------|--|
| Name | |
| Position/Company | |
| Contact Number | |
| Email Address | |
| Relationship | |

EMERGENCY CONTACT

| Name | Contact Number | Relationship |
|------|----------------|--------------|
| | | |
| | | |

APPLICANT'S DECLARATION

I declare that:

- I have answered all questions honestly and openly and I have not knowingly withheld any relevant information
- I have read the position description and I understand the inherent requirements of the position for which I am applying
- I have been advised by Holistic Care SA of what the role entails. I have read and understand the responsibilities and physical demands of the position as described in the position description
- I acknowledge that failure to disclose this information or providing false and misleading information may result in invoking section 41 workplace injury rehabilitation and compensation act which will dis-entitle me or my dependants from receiving any workers' compensation benefits relating to any recurrence,
- Aggravation, exacerbation or deterioration of any pre-existing condition which I may have arising out of or in the course of the employment
- I agree for Holistic Care SA to contact my referees listed above
- Holistic Care SA complies with the state and federal privacy legislation and understands the purpose and uses that may be made of the information I have provided. If during the recruitment and selection process, or during the employment life-cycle, a finding of a disclosable outcome is obtained by Holistic Care SA through the national police checking service or mercury search & selection p/I I agree that the disclosable outcome information will be retained and stored past the destroyed date specified on the outcome result in a secure location in accordance with the Holistic Care SA Human Resources Management policy.

Applicant Name

Applicant Signature

Date
