



APPLICATION FORM

- Position Applied For:
- Home Care Assistant (Domestic)
 - Support Worker (Carer)
 - Administration
 - Other

PERSONAL DETAILS

Name:		Date:
Address:		
Suburb:		Postcode:
Telephone:	Mob:	Drivers License No.
Email:		
Are you legally entitled to work in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you an Australian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
At any time since the age of 16, have you been a citizen or permanent resident of a country other than Australia ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Languages spoken:		
Please tick preference: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual		

EDUCATION

Qualifications Obtained	Institution	Dates

EMPLOYMENT HISTORY

Company	Job Title	Employed From	Employed To	Reason for Leaving

List any relevant experience, qualifications or skills that will support this application:

Provide details of 2 referees (work related of a supervisory nature)

Name	Company	Position	Contact No.



MEDICAL INFORMATION & HISTORY

NOTE: Perth Home Care Services reserves the right to request a pre-employment medical assessment by a Medical Officer nominated by Perth Home Care Services (at our expense) prior to employment.

Do you have any disability, medical condition or injury which may affect your ability to perform the type of work you have expressed an interest in, or which could recur, or be aggravated by the type of work you have expressed an interest in? Yes No
 (If 'yes' box ticked please give details)

Have you ever made a claim for Workers Compensation? Yes No
 If yes, please give details:

Employer	Insurance Company	Dates	Nature of Injury	Has claim been closed?
		/ / to / /		
		/ / to / /		

NOTE: Section 79 of the Workers' Compensation and Injury Management Act 1981 gives the Workers' Compensation Board discretion to refuse to award compensation which would otherwise be payable, where it is proved that the worker had, at the time of seeking or entering employment, wilfully and falsely represented themselves as not having previously suffered from the disability, the subject of the claim of compensation.

Please indicate what days of the week and times you are available for work:

DAY	START TIME	FINISH TIME	WEEKLY/FORTNIGHTLY
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Do you have access to a reliable motor vehicle? Yes No

Do you have a current driver's licence? Yes No

Have you had any driving convictions in the last 3 years? Yes No

(If 'Yes' box ticked please give details)

DATE	TYPE OF DRIVING OFFENCE	RESULT (Warning, Fine, Cancellation of licence)
/ /		
/ /		
/ /		



If applying for a Support Worker position, are you interested in live-in or overnight work?

Yes No

Do you hold a current First Aid certificate?
(Basic Workplace or similar)

Yes No
Expiry Date

Do you have a current National Police Clearance?
(Within 6 months of your application date)

Yes No

If you are offered employment with PHCS, are you willing to obtain a State Traffic Certificate?
(Cost will be reimbursed by PHCS on production of receipt)

Yes No

If you are offered employment with PHCS, are you willing to obtain a Working With Children Check?
(Cost will be reimbursed by PHCS on production of receipt)

Yes No

How did you hear about the position you are applying for?

As we value an individual's right to keep their personal information private, Perth Home Care Services Inc. would like to let you know how your information may be used and disclosed under the Privacy Amendment (Private Sector) Act 2000

- o The information you have provided is used for the sole purpose of recruitment and selection within Perth Home Care Services
- o The information may be shared with referees, agencies used to assist Perth Home Care Services Inc. in the recruitment process, other organizations having a vested interest in the recruitment process or security organizations as required
- o Any further information collected about you at other stages of the recruitment process will be used and disclosed in the same manner as information described on this form
- o As an applicant, you may request access to your personal information collected by Perth Home Care Services Inc.
- o Without your consent to use your personal information as described, we may be unable to make an informed decision regarding your application for employment and may be unable to proceed with your application.

I agree and confirm my consent for Perth Home Care Services Inc. to use and disclose my personal information in the manner described. I confirm that all information completed on this application is true and accurate.

Applicant Name (Please print clearly): _____

Applicant's Signature: _____ Date: _____

Please return this application form to: (with a brief resume if available)

**Recruitment Officer
Perth Home Care Services Inc.,
PO Box 1597,
Osborne Park DC WA 6916**