



## Tertiary Qualifications

Have you completed any tertiary courses, or undertaken any short term training/workshops? (not listed on your resume)

| <u>Course Attended</u> | <u>Institution</u> | <u>Year Completed</u> |
|------------------------|--------------------|-----------------------|
|                        |                    |                       |
|                        |                    |                       |
|                        |                    |                       |
|                        |                    |                       |

## Referees

| <u>Name</u> | <u>Company Name</u> | <u>Position</u> | <u>Contact Details</u> |
|-------------|---------------------|-----------------|------------------------|
|             |                     |                 |                        |
|             |                     |                 |                        |
|             |                     |                 |                        |

When you come to the interview, you will need to bring:

- A copy of your driver's licence
- A copy of your birth certificate or
- A copy of your passport – this is essential if you are not an Australian citizen

## Miscellaneous

Do you hold a current First Aid Certificate? Yes  No

If yes, what level? \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Do you hold a current Drivers License? Yes  No

If yes, Class: \_\_\_\_\_

License Number: \_\_\_\_\_

Have you ever undertaken training in Occupational Health and Safety? Yes  No

If yes, course: \_\_\_\_\_

Year completed: \_\_\_\_\_

Are you prepared to attend training arranged by the Association? Yes  No

Have you previously worked for ParaQuad? Yes  No

Were you referred by a ParaQuad NSW employee? Yes  No

If so, please provide name of referring ParaQuad NSW employee: \_\_\_\_\_

ParaQuad is an Equal Employment Opportunity employer. If you have a disability and require employment support (i.e. vehicle transfers, personal care, administration assistance) please ask the Recruitment Manager for an "Employee Workplace Modification Form". This should be included with your application and will allow us to assess your suitability to funding and/or provision for adequate employment support.

**PERSONAL/DIRECT CARE EMPLOYEES**

---

1. Can you work before 9.00am? Yes  No
2. Can you work after 3.00pm Yes  No
3. Have you previously been employed by another agency to provide personal care to people? (e.g. people with disabilities, the aged, people with health complaints) Yes  No

**4. Which tasks were involved in your previous position/s? (please tick as many as are relevant)**

- Personal Care (e.g. bowel and bladder care)
- Dressing
- Showering & Grooming
- Manual Handling and transferring
- Meal preparation, cooking and feeding
- Domestic Cleaning and washing
- Assisting clients to take medication
- Shopping / client banking
- Transportation of clients
- Basic arm and leg stretches
- Basic home maintenance
- Basic first aid
- Basic maintenance and preparation of respiratory devices

**5. Immunisation**

Do you have up-to-date immunity against Hepatitis B? Yes  No  Don't know

Date of last immunisation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If you do not have immunity against Hep B or you are unsure of your immunity state, will you accept immunisation? Yes  No

6. Have you undertaken any training in Back Care, Hoisting and Transfer Skills? Yes  No

7. Do you have any skills/training that you believe is relevant to the position which has not been mentioned? Yes  No

If Yes, please state: \_\_\_\_\_

8. Are you currently or have you worked for an agency to provide personal care to people in the last twelve months? If so, please list the Agency/s. \_\_\_\_\_

\_\_\_\_\_

Department of Immigration and Multicultural Affairs



**AUTHORITY TO OBTAIN DETAILS OF  
WORK RIGHTS STATUS FROM DIMA**

---

EMPLOYEE DETAILS

(As specified in passport or other identity document)

Family Name:

\_\_\_\_\_

Given Name(s):

\_\_\_\_\_

Other Name(s) used (eg maiden name):

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Nationality: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Visa Number: \_\_\_\_\_

Visa Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I authorise the Department of Immigration and Multicultural Affairs (DIMA) to release the details of my work rights status (that is, my entitlement to work legally in Australia) to the employer/labour supplier named on this form.

I understand that these details are held by DIMA on departmental files and computer systems.

I also understand that the employer/labour supplier will use this information for the purposes of establishing my legal entitlement to work in Australia, and for no other purpose.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**IF ALL DETAILS MATCH WITH OUR RECORDS, THE EMPLOYEE'S WORK RIGHTS STATUS WILL BE FAXED TO YOU WITHIN ONE WORKING DAY.**

I understand that the information I provide in support of my application will be destroyed 2 weeks after the recruitment process if I am deemed unsuitable for the position for which I am applying, unless otherwise agreed in writing by both parties. The purpose for retaining these documents for a period of 2 weeks is for reference in the event of an applicant's grievance in relation to the recruitment process.

I certify that the information set out above is to the best of my knowledge, true and accurate in every detail. I understand that ParaQuad reserves the right to verify all information on this application and that any false statements will be considered sufficient cause for my rejection as an applicant, or my dismissal if employed.

\_\_\_\_\_  
(Name of Applicant)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)