



wendy's home services

| Office Use | |
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| Recvd | |
| Intvw | |
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APPLICATION FOR EMPLOYMENT

Position Applied For: _____ Date of Application: _____
 Type of Position Casual Availability to Commence: _____

PERSONAL INFORMATION
 Surname: _____ First Name: _____
 Street Address: _____ Suburb: _____
 Postcode: _____ Home Phone: _____
 Mobile: _____ Email: _____
 Gender: (Please tick) Male Female Date of Birth (*optional*): _____
 Are you an Australian Citizen? Yes No
 If no, specify Visa Type: _____ Expiry Date: _____
 Have you been a resident of a country other than Australia after the age of 16? Yes No
 Languages spoken: _____

| TRAINING HISTORY | | |
|------------------|----------|------|
| COURSE | LOCATION | YEAR |
| | | |
| | | |
| | | |

Other training detail: _____

 Have you completed Manual Handling training? yes No
 Details _____

| PROFESSIONAL REFERENCES | | | |
|-------------------------|--------------|---------------|--------------|
| Contact Name | Company Name | Position Held | Phone Number |
| | | | |
| | | | |
| | | | |

MEDICAL
 Do you have any past or current medical condition/ work related injuries which may affect your performance in the role applied for, or which may be aggravated or worsened by the duties of the role?
 Yes No If yes please describe in detail: _____

 Smoker / Non-smoker (*Optional*): _____



WHEN ARE YOU AVAILABLE?

AVAILABLE SCHOOL HOLIDAYS: _____

GETTING AROUND

Your current driver's licence number _____

What type of licence do you hold (eg C, P) _____

Do you have the use of a reliable, registered vehicle? Yes No

Does your vehicle have air-conditioning? Yes No

Are you happy to transport clients in your car? Yes No

Body type: Sedan Hatch 4WD Other _____

Car Registration Number _____

Insurance type: Comprehensive 3rd Party only

Standard care: Respite care where there is no behaviour problems and where the client is able to weight bear and requires minimal assistance for toileting, showering and dressing.

Complex care: Respite care involving behavioural problems that are difficult to manage or where client has more physical complex needs. Includes personal care of a complex nature and palliative care.

YOUR SKILLS AND TRAINING (please tick what you are currently able to do)

| IF YOU TICK THESE BOXES PLEASE GO TO PAGE 4 | | IF YOU TICK ANY OF THESE BOXES, PLEASE PROVIDE FURTHER INFORMATION ON THE FOLLOWING PAGE | | | | | |
|---|--------------------------|--|--------------------------|--|--------------------------|---------------------------------------|--------------------------|
| BASIC SKILLS | | SKILLS REQUIRING SOME EXPERIENCE | | EXPERIENCE AND DOCUMENTED EVIDENCE REQUIRED | | | |
| Housework | <input type="checkbox"/> | Respite care standard | <input type="checkbox"/> | Respite care complex | <input type="checkbox"/> | Palliative care | <input type="checkbox"/> |
| Meal preparation | <input type="checkbox"/> | Personal care standard | <input type="checkbox"/> | Personal care complex | <input type="checkbox"/> | Hoist / Pelican Belt | <input type="checkbox"/> |
| Shopping | <input type="checkbox"/> | Dementia care | <input type="checkbox"/> | Challenging behaviours | <input type="checkbox"/> | Catheters | <input type="checkbox"/> |
| Transport for clients | <input type="checkbox"/> | Overnight care standard | <input type="checkbox"/> | Overnight care complex | <input type="checkbox"/> | Tube / Peg feeding | <input type="checkbox"/> |
| | | Sign Language | <input type="checkbox"/> | Bowel care <ul style="list-style-type: none"> • Enema • Suppository • Manual Evacuation | <input type="checkbox"/> | Cystic fibrosis Percussion therapy | <input type="checkbox"/> |



Your work experience :

To assist our Coordinators to match you to the most appropriate jobs, please provide the following information:

| PERSONAL CARE EXPERIENCE | |
|--|--|
| Assist showering FEMALE client (client can wash some parts of their body, you need to wash rest) | |
| Assist showering MALE client (client can wash some parts of their body, you need to wash rest) | |
| Full shower - FEMALE client (client cannot wash any parts of their body so you need to) | |
| Full shower - MALE client (client cannot wash any parts of their body so you need to) | |
| Dressing FEMALE client | |
| Dressing MALE client | |
| Assist FEMALE client to toilet (taking to toilet, assisting to sit properly on toilet, steady when client stands, help pull up pants – client wipes themselves) | |
| Assist MALE client to toilet (taking to toilet, assisting to sit properly on toilet, steady when client stands, help pull up pants – client wipes themselves) | |
| Full assistance to FEMALE client with toileting (i.e. as above plus wipe the client) | |
| Full assistance to MALE client with toileting (i.e. as above plus wipe the client) | |
| Assisting FEMALE client to change pad (steady client & help pull up pad) | |
| Assisting MALE client to change pad (steady client & help pull up pad) | |
| Full assistance to FEMALE client to put pad on (i.e. you put on & pull up) | |
| Full assistance to MALE client to put pad on (i.e. you put on & pull up) | |
| TRANSFERS EXPERIENCE | |
| Able to help client transfer | |
| Trained to transfer client by hoist and or pelican belt | |
| Experienced with early onset dementia | |
| DEMENTIA EXPERIENCE | |
| Experienced with early onset dementia | |
| Capable of handling challenging behaviours associated with dementia | |
| PALLIATIVE CARE ISSUES | |
| Palliative Care – Experience at giving bed sponges | |
| Palliative Care – Experienced at emptying catheters | |
| Palliative Care – Experienced at placing client on bed pan | |
| DISABILITIES EXPERIENCE | |
| Caring for physically disabled children / adults | |
| Caring for intellectually disabled children / adults | |
| Caring for adults with mental health issues | |
| CLIENTS THAT YOU WILL CARE FOR | |
| Will you care for a client that smokes in their home? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> check with me first | |
| Client has pets in home <input type="checkbox"/> yes | |
| Do you have any allergies? <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Are there any client groups you would prefer not to work with? | |
| _____ | |



EMPLOYMENT HISTORY

(LIST CURRENT/LAST POSITION FIRST)

Current/previous position: _____

Date employed from: _____ To: _____

Company name and address: _____

Name of Supervisor _____ Phone: _____

Duties and responsibilities: _____

May we contact them?: Yes No

Reason for leaving: _____

Current/previous position: _____

Date employed from: _____ To: _____

Company name and address: _____

Name of Supervisor _____ Phone: _____

Duties and responsibilities: _____

May we contact them?: Yes No

Reason for leaving: _____

Current/previous position: _____

Date employed from: _____ To: _____

Company name and address: _____

Name of Supervisor _____ Phone: _____

Duties and responsibilities: _____

May we contact them?: Yes No

Reason for leaving: _____

Do you have any other experience as a carer (ie, for family , friend etc)?



wendy's home services

CONDITIONS OF EMPLOYMENT

All Wendy's Home Services employee's need to provide us with an up to date copy of your First Aid Certificate or undertake to do this within three months of commencement of employment (this is at your own expense). We also screen all potential workers by means of Criminal Records and Working with Children checks as well as extensive reference checks. Your employment is subject to these checks.

I hereby affirm that all information given by me in this application for employment is true and correct and I have not knowingly withheld any circumstances or facts that would, if disclosed affect my application.

Applicants signature: _____ Date: _____

PRIVACY

Personal information contained in this form shall be available only to employees and managers of Wendy's Home Services Pty Ltd with direct involvement in the recruiting process.

Please return this to PO Box 90 or
Fax: 4577 2941 or Email: admin@wendyshome.com.au

Our Offices are located at 323 George Street, Windsor NSW 2756

For more information, please call us on (02) 4587 5999

Thank you for your interest in Wendy's Home Services.

| Office Use | Reference Check |
|------------|-----------------|
| 1. | |
| 2. | |