



Wendy's Home Care

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FIELD STAFF - APPLICATION FOR EMPLOYMENT

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

PERSONAL INFORMATION

Surname: _____ First Name: _____
 Preferred Name: _____ Mobile: _____
 Home Phone: _____ Email: _____
 Street Address: _____ Suburb & Post Code: _____
 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: _____ Any allergies? _____



Wendy's Home Care

WHEN ARE YOU AVAILABLE?

Please tick the times you will be available to work:

Time	MON	TUE	WED	THU	FRI	SAT	SUN
Early mornings							
Before midday							
Afternoons							
Evenings							
Late Night							

School Holidays Public Holidays Sleepovers/Overnight shifts

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):*

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 • Enema • Suppository • Manual Evacuation	<input type="checkbox"/>	Cystic fibrosis Percussion therapy	<input type="checkbox"/>



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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.)?

CLIENTS THAT YOU WILL CARE FOR

Will you care for a client that smokes in their home? Yes No Check with me first

Will you care for clients with pets in the home? Yes No

Any particular pets you have issues with? _____

Are there any client groups you would prefer NOT to work with? _____



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CONDITIONS OF EMPLOYMENT

All Wendy's Home Care 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.

Applicant's signature: _____ Date: _____

PRIVACY

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

Please return this to PO Box 90 Windsor NSW 2756 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

www.wendyshome.com.au

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

Office Use	Reference Check
1.	
2.	