

Employment Application

Disability Support Positions

Join a community dedicated to assisting participants in achieving their NDIS goals

1. Contact Details

Preferred Name

First Name

Last Name

Date of Birth

Which of the following most accurately describe(s) you?

- Male Female Non-binary Transgender Intersex
- Prefer not to say
- Other

If Other, please describe here

Residential Address

State

Postal Code

Mobile Number

Email Address

Entitlement to work in Australia

 Please select

Best Contact Method

- Phone Email

2. About You

Hobbies

Interests

Are you aware of any pre-existing injury or condition that may be affected by this work? If yes, please disclose below (Failure to disclose may result in no Work cover entitlements)

Select 3 of the following which best describes you?

- Professional Attitude
- Strong Work Ethic
- Willingness to Learn
- Previous Experience with Disability
- Attentive
- Enjoys Listening to Others
- Enjoys Socialising and Talking

How did you find out about this position?

If Other, Specify Source

Please let us know about what's important to you in your next role

Choose your top 3

- Working conditions
- Working hours
- Flexible work options
- Values of the organisation
- External reputation of the organisation
- Remuneration
- Challenge/Job growth
- Career Opportunities
- Job Security
- Training/Learning Opportunities
- Access to equipment/tools/resources
- Access to support and regular communication from organisation
- Commute time

3. Availability

Monday	<input type="text"/>	Tuesday	<input type="text"/>
Wednesday	<input type="text"/>	Thursday	<input type="text"/>
Friday	<input type="text"/>	Saturday	<input type="text"/>
Sunday	<input type="text"/>		

How many hours per week would you be able to work? (Minimum 10 hours required)

Are you able to work shifts with a 2 hour minimum?

- Yes No

How many kilometres would you be willing to travel to a shift?

Comments

Please indicate which role interests you or you are applying for:

- Supporting an **individual** to participate in small group programs and activities in the **community** and **Alkira** facilities
- Supporting an **individual** to plan and participate in activities in their **home** and their and **community**
- Organising and facilitating small **group** programs and activities in the **community** and **Alkira** facilities
- Supporting a **group** of people living together in their **home** and this involves shift work across different times of the week and may include sleepovers
- Supporting an **individual** participant to live as independently as possible in their **home** and this involves shift work across different times of the week and may include sleepovers

Have you had experience in assisting an individual with their personal care

- Yes No

Do you have the skills to use

Microsoft Word Yes No

Email, Outlook Calendar Yes No

Other computer software you can use

4. Employment

Current Employment Status

- Casual Part-time Full-time Seeking Employment

Availability or Notice Period

Have you worked in a disability support type service previously?

- Yes No

Any comments on your current work status? (Intention to leave or retain current job role, is your current employer unaware of this application)

5. Qualifications & Training

Have you completed a Certificate IV in Disability?

- Yes No Currently Undertaking Interested in Undertaking

Please detail qualifications and training you have completed or are currently undertaking

Do you have a current First Aid Certificate?

- Yes No Currently Undertaking Interested in Undertaking

Do you have a current CPR (Cardio Pulmonary Resuscitation) Certificate?

- Yes No Currently Undertaking Interested in Undertaking

Employment with Alkira is subject to an NDIS Worker Screening check, up to date COVID Vaccination and for some positions a current Employee Working with Children Check, Victorian Driver Licence, a satisfactory driver safety check

6. Mandatory Checks

Are you willing to undertake the NDIS Worker Screening Check?

- Yes No Already Completed

Are you willing to undertake an Employee Working with Children Check

- Yes No Already Completed

Are your COVID vaccinations (3 + boosters) up to date?

- Yes No

Have you been charged or convicted of a criminal offence in Australia or overseas?

- Yes No

If yes, you are required by law to outline the nature and date of the offence(s), other than convictions under Commonwealth Law that occurred more than ten years ago

Do you have a current Full Victorian Driver Licence?

- Yes No

If you do not have a Full Victorian Driver Licence, do you have a P2 Licence?

- Yes No

Is the car you intend to use for work purposes registered?

- Yes No I do not have a car

Do you have comprehensive Car Insurance

- Yes No I have Third Party Car Insurance I do not have a car

Are you willing to use public transport?

- Yes No

Are you willing to drive a vehicle that holds up to 12 passengers?

- Yes No

Professional Reference 1 (No Character References permitted)

First Name

Last Name

Relation to Applicant

Organisation

Contact Number

Email Address

Professional Reference 2 (No Character References permitted)

First Name

Last Name

Relation to Applicant

Organisation

Contact Number

Email Address