**APPLICATION FOR EMPLOYMENT *Date received:***

Enter date

# ABOUT US:

The Community Living Project (CLP) individually supports people who have a disability to live their own unique and purposeful life of inclusion through having: home, relationships, competencies and highly valued roles in their community. Working closely with families, CLP helps to craft individualised support to assist each person with disability to take charge of their life and be welcomed, included and contributing to community life.

# T HE SUPPO RT WO RK ER’S ROLE IS TO:

* provide support which complements and enhances the person’s lifestyle and choices
* provide person centered support that reflects the person’s individual needs, aspirations and dreams for the future
* be an integral part of a team which may consist of the person’s family, friends and other support workers.

# ABOUT YOU:

Name: Enter name Gender: Please specify

Address: Enter address.

Email: Enter email Date of birth: Select date

Phone: Home: Enter home phone number Mobile: Enter mobile phone number

Preferred mode of contact? Please specify

Transport: own car/or access to reliable transport? Please specify

*If no, please comment* Click or tap here to enter text.

Current driver’s licence: yes/no Provisional: yes/no

Insured: Third party / Comprehensive? yes/no

# AVAILABILITY:

Support Workers are employed to provide support that is focused on the person’s individual needs. These support arrangements vary considerably for each person. Support may be across a seven-day week and vary from a few hours a week, to longer shifts which may include overnight support.

# Please mark X in the times of the week when you are available:

**Mon - am pm  Tue - am pm Wed - am pm**

**Thurs - am pm Fri - am pm Sat - am pm**

**Sun - am pm Overnight**

Any specific times that you are NOT available, ***including restrictions due to international student/visitor visas :*** Click or tap here to enter text.

# EDUCATION:

**Completed education/qualifications or in the process of completing: (School, TAFE or University):**

Click or tap here to enter text.

**Do you hold current evidence of training in: Medication Management** Yes No

**Manual Handling** Yes No

**First Aid** Yes No

**What personal development courses have you undertaken?**

Click or tap here to enter text.

**Are you fluent in any other languages? Are you able to use sign language?** Yes No

Click or tap here to enter text.

W**hat computer skills /knowledge/interests do you have?**

Click or tap here to enter text.

**When you think about your education, what has it meant in terms of life choices/direction/vision or goals?**

Click or tap here to enter text.

**EMPLOYMENT HISTORY:**

|  |  |  |
| --- | --- | --- |
| **EMPLOYER** | **ROLE/POSITION** | **DATES EMPLOYED** |
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**What do you think was your major contribution with your recent employer/s?**

Click or tap here to enter text.

*Please attach your resume or details of other employment experience if available*

CLP does its utmost to “match” each person we support with a worker whose skills, interests and abilities will create and maximise opportunities that will enhance that person’s life. As this is a highly personalised process, we ask that you consider the following questions thoughtfully, as your responses will help us determine your potential to be matched with a person whom we support.

**What motivates you to pursue personalised support work?**

Click or tap here to enter text.

**Do you have any involvements in your local community? Please describe:**

Click or tap here to enter text.

**What do you have a passion for? What really motivates you?**

Click or tap here to enter text.

**What has been your greatest challenge in life?**

Click or tap here to enter text.

**What key things did you learn from this?**

Click or tap here to enter text.

**What life skills do you bring to the role of support worker?**

Click or tap here to enter text.

**What hobbies and interest do you have?**

Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **Have you had any experience with people who:** |  | | |
| **(i) experience a physical disability?** |  |  | Yes No |
| **(ii) have speech difficulties due to physical disability?** |  |  | Yes No |
| **(iii) use communication technology / equipment?** |  |  | Yes No |

*Pls comment:*

Click or tap here to enter text.

# YOUR REFEREES:

We place great importance on being able to talk with the referees that you have nominated. We ask you to identify people who are willing to speak openly and honestly about your capacity and skills. Please ensure all phone numbers are correct and the referees know that you have nominated them.

# Someone who knows about how you might work e.g. Previous employer

**Name**: Enter name **Company/Agency:** Enter company/Agency name **Ph:** Enter phone number **Relationship:** Enter relationship

# Someone (not a relative or friend) who can comment or offer insight on your skills e.g. Coach, Teacher, Group leader.

**Name:** Enter name **Ph:** Enter phone number **Relationship**: Enter relationship

1. **Someone from your personal framework who has known you for a long time e.g. Colleague, Pastor.**

**Name:** Enter name **Ph:** Enter phone number **Relationship**: Enter relationship

**MEDICAL HISTORY:**

**Is there anything about your health or physical capacity, which may affect your ability to carry out the requirements of this position?**

Click or tap here to enter text.

***Please note: A condition of employment will be an agreement to undergo any medical examination, at the expense of the employer, as may be requested by the employer, whether before or after commencement of employment.***

**A current and satisfactory DHS Screening Clearance is also necessary for employment. If you do not have this, you should apply for it as soon as possible (please discuss this process with us). We will process your application in anticipation of receiving it from you in the near future.**

**DECLARATION BY APPLICANT**

**I declare to the best of my ability that the answers to the above questions are true and correct. Signature of applicant Date:** Select date

***We thank you for taking the extra effort that this application asks of you.***