ADELAIDE
PO BOX 304, Athelstone, SA 5076
Ph: 04 3956 5442
ABN: 62 661 382 001
www.morethandis.com.au

APPLICATION OF EMPLOYMENT

APPLICANT DETAILS			
First Name		Preferred Name	
Last Name		Phone	
Email		Position Applied for	
Address			

Are you and Australian Citizen or Permanent Resident?	Yes	No
If no, please advise Visa type and expiry date		
Do you hold a National Police Clearance less than 3 years old?	Yes	No
Do you hold a DCSI Child Clearance less than 3 years old?	Yes	No
Are you willing to undertake screening?	Yes	No
Have you been dismissed from a previous employer?	Yes	No
If yes, state why		

QUALIFICATIONS					
Degree / Certificate					
Institution					
From		To	Did you graduate?	Yes	No
Degree / Certificate					
Institution					
From		To	Did you graduate?	Yes	No
Degree / Certificate					
Institution					
From		To	Did you graduate?	Yes	No
Degree / Certificate					
Institution					
From		To	Did you graduate?	Yes	No

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MEMBERSHIPS *List any professional bodies / associations*

REFERENCES *Please list three professional references*			
Full Name		Relationship	
Company		Contact No.	
Full Name		Relationship	
Company		Contact No.	
Full Name		Relationship	
Company		Contact No.	

Availability for therapy sessions *(this gives us an idea when scheduling shifts)*					
Sessions (min 2h/session)	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Morning 08:30 am to 11:30am					
Lunch 12:00 noon to 02:30pm					
Afternoon 03:30pm to 05:30pm					

Required Documents Checklist *(please tick the box for available certificate/document)*			
Access to a Vehicle	☐ Yes	☐ No	☐ Application in progress
Completed relevant Cert in disability care	☐ Yes	☐ No	☐ Application in progress
Completed a RRHAN Training	☐ Yes	☐ No	☐ Application in progress
Covid-19 Infection Control Training	☐ Yes	☐ No	☐ Application in progress
Current Australian Driving License	☐ Yes	☐ No	☐ Application in progress
Current National Police Check	☐ Yes	☐ No	☐ Application in progress
First Aid Certificate	☐ Yes	☐ No	☐ Application in progress
Hand Hygiene	☐ Yes	☐ No	☐ Application in progress
NDIS Workers Orientation	☐ Yes	☐ No	☐ Application in progress
NDIS Workers Screening Check	☐ Yes	☐ No	☐ Application in progress
Working with Children Check	☐ Yes	☐ No	☐ Application in progress

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Other notes (availability during exams, other commitments)	
Do you have any issues with travelling to clients as most of our clients are located around southern / western suburbs?	

HEALTH DETAILS		
Do you have any current physical disability or restriction or movement which might prevent or impede you from being able to safely perform the duties of the position for which you have applied (refer to role description)	Yes	No
Do you have any medical or psychological condition or blood borne virus (eg Hepatitis B, C or HIV) which might prevent or impede you from being able to safely perform the duties of the position for which you have applied?	Yes	No
If required do you agree to undergo a medical examination and/or a functional capacity evaluation that relates to the inherent requirements of the job?	Yes	No
Have you lodged a Workers Compensation claim for an injury or illness which might prevent or impede you from being able to safely perform the duties of the position for which you have applied?	Yes	No
Have you ever received a lump sum payment of any kind from any employer under the South Australian Return to Work Act or its predecessors?	Yes	No
If yes please provide the Employer's name and date from which the lump sum payment was received		

DISCLAIMER AND SIGNATURE

I _____declare that the information provided by me in this declaration and in any other documents provided by me in support of my application for employment including any information provided during interviews is true and correct in every detail.

SIGNATURE		DATE	