

Please complete all sections and return to admin@wabluesky.com.au
If you have any questions please contact us on 08 9472 0550

What Position are you applying for?

Position Title: _____

Your Details

First Name: _____ Surname: _____

Gender: Male Female Other Date of Birth: _____

Address: _____

Suburb: _____ State: _____ P/Code: _____

Mobile: _____ Home: _____ Email: _____

Work Availability

The position you are applying for will require you to do shift work as we provide 24 hour support to our clients.

Please Put an "X" in th days & times you are available to work.

Day	Morning <i>(May be from 6am TO 4pm)</i>	Late Day <i>(May be from before lunch TO 7pm)</i>	Afternoon / Early Evening <i>(May be from 3 pm TO 11pm)</i>	Night <i>(May be from 10 TO 7am)</i>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
				Hours

Will WA Blue Sky be your only employer? Yes No

If No, please give details below:

Company/Organisation name/s

Position

How many hours are you committed to work elsewhere per week? Hours: _____

Is there anything else you wish to tell us that impacts on your availability to work with us?

Mandatory Requirements

Do you have a Police Clearance less than 3 months old? Yes No

If yes, Date of Issue: _____

Do you have a current Driver's Licence: Yes No

Drivers Licence No: _____

Is it a Provisional Licence Yes No

Place of issue: _____ Manual Automatic

Do you have a First Aid Certificate? Yes No

Note: You have to have a Basic or Provide First Aid certificate

If yes, Date of Issue: _____

Right to work in Australia

WA Blue Sky Inc. need to confirm your legal entitlement to work in Australia in accordance with DIAC (Dept. of Immigration and Citizenship) Employer Obligations.

Are you an Australian Citizen or Permanent Resident Yes No

If 'No' do you have a valid visa that allows you to work in Australia: Yes No

Visa Type: _____ Visa Subclass: _____

Visa expiry date: _____ Visa work restrictions: _____

Please confirm that you have a legal entitlement to work in Australia. You also consent to your entitlement to work being verified by WA Blue Sky using Visa Entitlement Verification Online (VEVO).

Please enter your Full Name confirming your consent: _____

Full Name: _____ Date: _____

Ability to undertake the physical requirement of the job

This role involves helping people with a disability with high levels of personal care which may include showering, pad changes, feeding and toileting. This involves complex manual handling which can be highly physical in nature. This will require flexibility, crouching and kneeling, pushing and pulling up to 20kgs, standing for extended periods, walking reasonable distances and at times pushing a person in a wheelchair for approximately 2 hours.

To be able to undertake this role safely and to meet the needs of people with a disability, you must have a willingness to support individuals with their personal care needs and the following physical capabilities:

- | | | |
|--|------------------------------|-----------------------------|
| I am willing and able to support with personal care | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I have good physical flexibility | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I am physically fit and healthy | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I am reasonably strong, with stable let joints for prolonged standing & walking activities | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I have good spinal strength and flexibility | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Additional Information

- | | | |
|--|------------------------------|-----------------------------|
| Have you ever worked for WA Blue Sky? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you worked for us as Agency/Contract staff? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you related to any WA Blue Sky employee/Volunteer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If Yes - please tell us their name and your relationship to them.

Who do you want to work in the Disability Sector?

Special Requirement

Do you have any special requirements such as physical access needs or an interpreter?

Skills and Talents

What gifts, talents, strengths and life experiences would you bring to the Support Worker Role?

How did you find out about this position?

Internet Site: _____

WA Blue Sky Website

Other

Referee Details

Please note that we prefer that at least one of your references is from you current or last employer.

Referee 1

Name: _____

Position: _____

Company: _____

Contact Number: _____

Email: _____

Referee 2

Name: _____

Position: _____

Company: _____

Contact Number: _____

Email: _____



Applicant Declaration

I acknowledge by submitting this application, that I am declaring all statements in the application to be true in all respects.

I agree to be aware of and abide by the rules of confidentiality pertaining to all information concerning WA Blue Sky, its service users, volunteers, staff and contractors

Please enter your FULL NAME confirming your consent:

Full Name: _____ Date: _____