

Please complete all sections and return to: HR@wabluesky.com.au

If you have any questions, please contact us on (08) 9472 0550.

Your Details (please type your response where possible)

First Name:

Surname:

Gender: Male Female Other

Date of Birth: / /

Address:

Suburb:

State:

P/Code:

Contact Number:

Email:

Right to work in Australia

WA Blue Sky Inc. needs 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' please provide your valid visa details which allow you to work in Australia:

Passport (document number):

Expiration:

Country of issue:

Visa Subclass:

Visa expiry date:

Visa work restrictions:

Please enter your full name to confirm you consent to WA Blue Sky using Visa Entitlement Verification Online (VEVO) to confirm your VISA eligibility:

Full Name:

Date:

Mandatory Requirements and Certifications

Please note: If successful, you will need to provide us with evidence of the below.

Do you have an NDIS Worker Screening Check?

Yes No

If yes, your NDIS Worker Screening ID is:

Expiry:

Do you have a current unrestricted driver's license?

Yes No

If yes, your driver's licence number is:

Expiry:

Country of issue:

Manual Automatic

Have you received an Influenza Vaccination in the last 12 months? Yes No

If yes, what was the date of vaccination:

Have you received three doses of a COVID-19 vaccination? Yes No

Have you completed any of the below training?

Provide First Aid	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, date of issue on certificate:
Manual Handling	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, date of issue on certificate:
Medication Competency (or) Medication Administration	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, date of issue on certificate:
Dysphagia	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, date of issue on certificate:
Complex Bowel and Continence Care	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, date of issue on certificate:

Unique Student Identifier: _____

(note: we need this to be able to register you for any training you might require)

Work Availability

WA Blue Sky supports customers 24/7, our support workers are required to work shifts. Offers of employment will be conditional as per the stated work availability below. It is our preference to offer our staff permanent part time to ensure consistency of service, work life balance and liveable wage.

	Morning Shifts <i>Shifts between 6am to 4pm</i>	Afternoon Shifts <i>Shifts between 3pm to 11pm</i>	Night Awake (or) Sleep Shifts <i>Shifts between 9pm to 10am</i>
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total hours per week I am available to work: _____

Are you available for North of the River shifts? Yes No

(Eg: Balcatta, Balga, Midland, Maylands)

Are you available for South of the River shifts? Yes No

(Eg: Bentley, Cloverdale, Hamilton Hill, Kewdale)

Will WA Blue Sky be your only employer?

Yes No

If no, please complete the below:

Other employer(s) name(s):

Position:

Hours per week:

Do you have any other commitments that may impact your availability to work with us?

Yes No

If yes, please mention below:

Physical Requirements

Helping people with a disability can be physically demanding. To undertake this role safely and meet the needs of our customers, you must have a willingness and capability to perform physical tasks which may include:

- Personal care (showering, changing pads, feeding and toileting).
- Complex manual handling and the use of hoists.
- 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.

Are you willing and able to support customers with personal care? Yes No

Are you physically fit to perform manual handling tasks? Yes No

Do you have good flexibility with the ability to crouch and kneel? Yes No

Are you physically able to stand/walk for extended periods of time? Yes No

Additional Information

Have you worked for WA Blue Sky previously? Yes No

Have you worked for WA Blue Sky as an agency/contract staff? Yes No

Are you related to any WA Blue Sky employees/volunteers? Yes No

If yes, please list their name and your relationship to them:

Special Requirement

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

Yes No

Why do you want to work in the Disability Sector?

What strengths, skills and/or life experiences would you bring to the support worker role?

References

Please provide the details for two references.

First Reference

Full Name:

Company:

Position held:

Relationship to you:

Phone:

Email:

Second Reference

Full Name:

Company:

Position held:

Relationship to you:

Phone:

Email:

Applicant Declaration

I acknowledge by submitting this application, 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 to confirm your consent:

Full Name:

Date: