



*We care like daughters*

## EMPLOYMENT REGISTRATION FORM OCTOBER2010

Hello, thank you for applying for a position with Daughterly Care. **Please note the list of items to bring WITH you to your interview, at the end of this application.** Until you supply the items listed we CANNOT give you work, so to fast track your employment with us please bring them with you to your interview. ☺ With this form you should have received: Our terms of employment and brochure. If you have been found guilty or have charges pending for theft, fraud, serious driving offences or any form of aggression towards another person please do not apply for a position with us. We will not employ you. To be employed by us you must have a police check that is less than one month old and we will re-apply for a police check on successful application. We police check our new staff each month for 12 months after they start work for us so if you have pending charges please don't apply for work with us.

### 1. Your personal details –

Your surname:	Telephone numbers: (home) (work) (fax) (mobile) (email)
Given names:	Address:  Postcode
Date of birth:	Country of birth:
In case of emergency who is your <b>next of kin</b> we contact? Name: _____ Relationship to you: _____	
Work no _____ Home no _____ Mobile no: _____	
Are you an Australian citizen or permanent resident?	Y / N
Have you been a citizen or permanent resident of a country other than Australia since turning 16? If yes, which country? _____	Y / N
If no, do you have a current work permit? We need to sight original.	Y / N
Do you have a tax file number? We do NOT pay cash.	Y / N
Do you hold a current First Aid Certificate? Not compulsory. <i>Will we take photocopy at interview if you do</i> Y / N	

### 2. Your previous employment –

<b>Please provide details of the LAST 5 positions you have held (most recent at top):</b>
Name of Employer: _____ Employer Phone Number _____
Your position title: _____ Person you reported directly to _____
Dates Employed: From: _____ to _____ Reason for leaving _____
Do you have a written statement of employment or reference from this employer? YES / NO

If no, why not? \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Employer Phone Number \_\_\_\_\_

Your position title: \_\_\_\_\_ Person you reported directly to \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Do you have a written statement of employment or reference from this employer? YES / NO

If not, why not? \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Employer Phone Number \_\_\_\_\_

Your position title: \_\_\_\_\_ Person you reported directly to \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Do you have a written statement of employment or reference from this employer? YES / NO

If not, why not? \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Employer Phone Number \_\_\_\_\_

Your position title: \_\_\_\_\_ Person you reported directly to \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Do you have a written statement of employment or reference from this employer? YES / NO

If not, why not? \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Employer Phone Number \_\_\_\_\_

Your position title: \_\_\_\_\_ Person you reported directly to \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Do you have a written statement of employment or reference from this employer? YES / NO

If not, why not? \_\_\_\_\_

Is any your prior employment, previous to your past 5 jobs, relevant to working for Daughterly Care?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please indicate with a tick (✓) what types of work you are willing to do for Daughterly Care.**

Respite / Personal care? <input type="checkbox"/>	Housekeeping and home help? <input type="checkbox"/>	Live in/24hr care? <input type="checkbox"/>	Overnight care? <input type="checkbox"/>
--	---	--	---

**Please indicate when you are available to work for us.** *Daughterly Care* provides services 7 days a week, day and night, overnight and on a live-in basis. Please show the times of the morning, afternoon, evening or night you are available to work. We try our best to match the hours that you want to work to suitable work we have available.

Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Earliest Start Time for hrly work:							
Latest Finishing Time for hrly work:							
Definitely <b>NOT</b> avail to work:							
<b>MAY</b> work by negotiation:							
INACTIVE Sleep Overs							
ACTIVE Sleep Overs							
Live in/24 hrs							

**Ideally how many hours a week work do you want to work for Daughterly Care?** \_\_\_\_\_

Do you have a **limit on the number of hours you can work** e.g. in receipt of a pension, visa requirements? If yes, please state the number of hours you can work a week \_\_\_\_\_

Do you have any time off planned in the next 3 months that we need to plan around. If yes, please give details. \_\_\_\_\_

**With live-in care, you can work from 2 to 4 days a week.** How many days a week would you like to work and what days of the week can you work?  
\_\_\_\_\_

**With live-in care, we need to cover 7 days of the week on a regular ongoing basis.** Are you prepared to work half or all weekend on an ongoing basis? It is easier to roster people who are prepared to work part of all of the weekend.  
\_\_\_\_\_

**Any other explanation of your availability:**  
\_\_\_\_\_

## 4. Your work experience -

To assist our Co-Ordinators match you to the most appropriate jobs, please complete this for our “profile” section on our database. During our interview you will be questioned regarding your experience.

Task	Have had experience	No experience, but would feel comfortable trying	NOT comfortable doing
<b>Personal Care Experience</b>			
1. Assist showering FEMALE client (client can wash some parts of their body, you need to wash rest)			
2. Assist showering MALE client (client can wash some parts of their body, you need to wash rest)			
3. Full shower - FEMALE client (client cannot wash any parts of their body so you need to)			
4. Full shower - MALE client (client cannot wash any parts of their body so you need to)			
5. Dressing FEMALE client			
6. Dressing MALE client			
7. Assist FEMALE client to toilet (taking to toilet, assisting to sit properly on toilet, steady when client stands, help pull up pants – client wipes themselves)			
8. Assist MALE client to toilet (taking to toilet, assisting to sit properly on toilet, steady when client stands, help pull up pants – client wipes themselves)			
9. Full assistance to FEMALE client with toileting (i.e. as above plus wipe the client)			
10. Full assistance to MALE client with toileting (i.e. as above plus wipe the client)			
11. Assisting FEMALE client to change pad (steady client & help pull up pad)			
12. Assisting MALE client to change pad (steady client & help pull up pad)			
13. Full assistance to FEMALE client to put pad on (i.e. you put on & pull up)			
14. Full assistance to MALE client to put pad on (i.e. you put on & pull up)			
<b>More Complex Personal Care</b> (Note: These skills are not needed to care for most of our clients, however you have this experience we like to know).			
15. Changing urine catheder bags			
16. Changing colostomy bowel bag			
17. Taking blood sugar levels (ie prick finger for blood)			
18. Using Kylie Sheet on bed			
19. Doing pressure area care eg rubbing cream, ensuring pressure kept off area			
20. Putting tablet under tongue eg for Angina Pain			
21. Monitoring seizures			
22. Tube peg feeds			
23. Giving bed sponges			
24. Placing client on bed pan			
<b>Transfers Experience</b>			
25. Able to help client transfer			
26. Experienced to transfer client by hoist			

27. Experienced using Pelican Belt			
28. Experienced rolling, turning client in bed with slide sheet			
<b><i>Dementia Experience</i></b>			
29. Experienced with early onset dementia			
30. Capable of handling <b>challenging behaviours associated with dementia</b>			
31. Capable of caring <b>for 2 dementia clients at once</b>			
<b><i>Palliative Care Experience</i></b>			
32. Experience with palliative care.			
<b><i>Disabilities Experience</i></b>			
33. Caring for <b>physically disabled children / adults</b>			
34. Caring for <b>intellectually disabled children / adults</b>			
35. Caring for adults with mental health issues			
<b><i>Families Experience</i></b>			
36. Caring for new born babies			
37. Caring for toddlers			
38. Caring for families with 2 or more children			

<b><i>Number of Years of Experience</i></b>	
39.The number of years you have cared for older people	
40.The number of years you have cared for people suffering dementia	
41.Number of years you have cared for newborns	
42.Number of years you have cared for toddlers	
43.Number of years caring for children	
<b><i>Qualifications Held</i></b>	
44.Age Care Qualifications you hold (Copy of certificate or registration required).	<input type="checkbox"/> None <input type="checkbox"/> Partial Certificate III (Certificate of Attainment) <input type="checkbox"/> Certificate III Assistant in Nursing <input type="checkbox"/> Certificate III in Community Care <input type="checkbox"/> Certificate III in Aged Care <input type="checkbox"/> Ex-Registered Nurse <input type="checkbox"/> Doing Registered Nurse training <input type="checkbox"/> Registered Nurse (registration current) <input type="checkbox"/> Enrolled Nurse (registration current) <input type="checkbox"/> Mothercraft Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Nanny <input type="checkbox"/> Other:
45.Any other qualifications you hold or age care courses you have completed. (Copy of certificate or registration required).	
46. Have you completed manual handling training? Do you have a manual handling certificate we can copy?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
<b><i>Clients you will care for</i></b>	
47. Will you care for a client who smokes IN their home?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Run it past me – maybe, maybe not
48. Will you work with pets?	<input type="checkbox"/> No <input type="checkbox"/> No - allergic <input type="checkbox"/> Yes, if safe
49. Clients you won't work with or type of work you won't do?	
<b><i>Other information about you</i></b>	
50. Do you smoke?	<input type="checkbox"/> Yes, how often? _____

	<input type="checkbox"/> No
51. Do you have access to a car for work?	<input type="checkbox"/> No <input type="checkbox"/> Yes
52. Do you have current driver's licence?	<input type="checkbox"/> No <input type="checkbox"/> Yes, copy required
53. Would you feel comfortable driving a client's care	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Maybe
54. Type of car you CAN drive:	<input type="checkbox"/> AUTO <input type="checkbox"/> MANUAL <input type="checkbox"/> BOTH
55. Does your car have working air conditioning?	<input type="checkbox"/> No <input type="checkbox"/> Yes
56. What insurance does your car have?	<input type="checkbox"/> Greenslip only <input type="checkbox"/> Third party property <input type="checkbox"/> Comprehensive
57. How far are you prepared to drive for a 4 hour job? (Live in Carers ignore)	_____ kms
58. Do you have a bad back/neck?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Please describe:  <input type="checkbox"/> Yes and I'm careful not to do anything at work that might aggravate it
59. Do you have any other injury or disability that we should take into consideration when scheduling you for work?	
60. Is there anything else about yourself that we should know to support your application?	
61. Do you have any allergies?	
62. a) How would you prefer to receive your timesheet?  b) To receive timesheets by email you MUST have a printer. Do you have a printer?	<input type="checkbox"/> Australia Post <input type="checkbox"/> Fax <input type="checkbox"/> Email Email address:  <input type="checkbox"/> Yes <input type="checkbox"/> No
63. Do you speak any languages other than English:	<input type="checkbox"/> No <input type="checkbox"/> Yes. Please state:
64. Name 3 meals you would feel comfortable cooking elderly people that you feel an elderly person would enjoy:	1. 2. 3.
65. Are you vegetarian or vegan? Are you comfortable cooking meat for clients?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No. Please explain:
66. Are you Australian citizen? If not, a copy of your residency or working visa is required.	<input type="checkbox"/> Australian citizen <input type="checkbox"/> Australian resident Have working visa expires on:
67. Can you play any musical instruments?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Please state which:
68. Can you sing to clients?	<input type="checkbox"/> No <input type="checkbox"/> Yes.
69. Do you have any special skills or interests that might help us match you to clients?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Please explain:
70. If applying for <b>live-in-care</b> work please answer following: a) do you keep a client's home to a professional level regarding cleanliness? b) do you have dependent children or animals living with you? If yes, what arrangements will be in place to care for them in your absence? c) Once a client accepts you and provided you like caring for the client, live-in-care tends to be regular on-going work, are you able to commit to regular ongoing work? d) If the client's family was coming over for afternoon tea list 5 different foods that you could you confidently cook for afternoon tea.	<input type="checkbox"/> No <input type="checkbox"/> Yes.  <input type="checkbox"/> No <input type="checkbox"/> Yes. Please explain:  <input type="checkbox"/> Yes <input type="checkbox"/> No. Please explain:  1. _____ 2. _____ 3. _____ 4. _____ 5. _____

**Please answer these questions about dementia:**

<b>Question</b>	<b>Your written answer</b>
If a client repeats herself constantly, how do you handle that?	
If you were told the main role of your visit was to provide a meal for a client and ensure she ate the meal and the client refused to eat saying she has eaten, but you know she hasn't, what would you do you?	
If a client living in the community refused to let you in for a service, what might you say to get in to do the service?	

**5. Your health and well-being** – legally you are required to answer these questions accurately & truthfully.

Providing community support services can be physically demanding and emotionally taxing at times.

**5a) Do you have an existing physical, medical or psychiatric condition that we may need to take into consideration when scheduling your work?** If yes, please describe your condition.

**5b) Do you have osteoporosis? If yes, pls describe:**

**5c) Have you ever claimed Workers Compensation?**

If yes, what date did the injury happen? \_\_\_\_\_

Please explain how your injury happened:

How much time did you have off work:

How much time were you on suitable duties? \_\_\_\_\_

If you were on suitable duties, how many hours could you work a week ? \_\_\_\_\_

What restrictions or limitations did you have on your certificate? \_\_\_\_\_

What date did you come off workers comp? \_\_\_\_\_

We WILL need to see copy of your final “fit for pre-injuries” medical certificate to ensure you are fit to work for us? \_\_\_\_\_

We may need you to visit our Dr. We may need to speak to your Dr.

**5d) Do you have a bad back/neck?** Yes  No

If yes please provide details:

**5e) Do you have a sore shoulder, hip or bulging spinal discs?** Yes  No

If yes please provide details:

## 6. Your referees -

**Please provide the names, addresses and telephone numbers of 4 (or more) people you DIRECTLY REPORTED TO who can make informed comments about your RECENT or relevant work experience and abilities. Plus one reference from a close family member who knows you well, which is your character reference.**

<b>Name of referee, their position in relation to you and employer you worked for.</b>	<b>Telephone number, address, email address</b>
1. Name:  Their position in relation to you:  Employer Name:	
2. Name:  Their position in relation to you:  Employer Name:	
3. Name:  Their position in relation to you:  Employer Name:	

4.Name:  Their position in relation to you:  Employer Name:	
5.Name of a close family member who knows you well:  Their relation to you:	

**Have you been subject to disciplinary proceedings for misconduct or terminated by an employer? YES / NO**

If yes, please provide details:

**Have you EVER been convicted of theft, fraud, poor driving, drink driving, aggression to another person? YES / NO**

If yes, please provide details:

**Are you under Police investigation or have police charges pending for theft, fraud, poor driving, drink driving, aggression to another person? YES / NO**

If yes, please provide details:

**Your declaration:**

By signing this application I confirm that the details in this application are correct and I have informed you all matters of significance. I understand that failing to tell the truth in my application form will result in instant dismissal.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**7. The Next Step:** Thank you for taking the time to complete this application. If you have relevant experience, to fast track your application please call us on 02 9970 7333 to make an appointment for an interview. Please bring the following items with you. (Alternatively please mail your forms to us at PO Box 670 Narrabeen NSW 2101 or email your application form to info@daughterlycare.com.au. If you have not heard from us one week after you have mailed your form please ring us to ensure we received it.)

**8. Items to bring to your interview. We cannot schedule you for work until we have the following items.** *(Interviewer please give a copy of this page to the applicant and tick what we are waiting on so there is no misunderstanding what they still need to provide us).*

**Items Required for interview**

**Your Action**

If you are not Australian resident: current work visa & passport	<input type="checkbox"/> Bring to interview
Driver's License (we will copy original)	<input type="checkbox"/> Bring to interview
First Aid Certificate if you have (we will copy original)	<input type="checkbox"/> Not mandatory, bring if you have, even if out of date.
Training, qualification certificates and written references (we will copy originals)	<input type="checkbox"/> Bring to interview
Copy of car registration (we will copy original)	<input type="checkbox"/> Bring to interview
Copy of current car insurance (we will copy original)	<input type="checkbox"/> Bring to interview
Police Check that is less than 1 month old. It is now mandatory to have a current police check to work in age care.	If you don't have this you will need to organise a Police Check prior to us giving you work. We can tell you how to organise this during our interview.

**9. Items Best Brought to Interview, but can be sent to us after interview**

2 colour passport size photos for ID badge	<input type="checkbox"/> Bring to interview <input type="checkbox"/> Or send to us after interview
Your superfund details including account number for our Bank/Super Details Form	<input type="checkbox"/> Bring to interview <input type="checkbox"/> Or send to us after interview
Tax file number for ATO Tax Declaration Form	<input type="checkbox"/> Bring to interview <input type="checkbox"/> Or send to us after interview
Your 6 digit Bank, State and Branch and account details for your for your Our Bank/Super Details Form	<input type="checkbox"/> Bring to interview <input type="checkbox"/> Or send to us after interview