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# Independence Australia

## Support Worker Application for Employment

STRICTLY CONFIDENTIAL. INDEPENDENCE AUSTRALIA IS AN EQUAL OPPORTUNITY EMPLOYER.

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Independence Australia is a social enterprise that provides choices for people living with a disability or other personal need, supporting them to regain and retain their independence.

Please complete the following documentation and answer the questions ensuring you are providing as much detail and honesty as possible.

### For More Information Please Contact

Human Resources  
Independence Australia  
National Office Building 1, 9 Ashley Street,  
West Footscray Victoria 3012

**Please complete the following documentation and answer the questions ensuring you are providing as much detail and honesty as possible.**

- ⦿ DSW Application for Employment
- ⦿ Disability Worker Exclusion Scheme Consent and Acknowledgement Form

**Website:** [www.independenceaustralia.com.au](http://www.independenceaustralia.com.au)

**Email:** [recruitment@iagroup.org.au](mailto:recruitment@iagroup.org.au)

**Phone:** 1300 704 456

Independence Australia complies with the Privacy Act 2001 and Health Record Act 1 (Victoria); all personal information recorded in this document will remain confidential and only used for the purpose for which it has been collected.

This application form should be completed fully and accurately and signed at the bottom of the last page. Please write on the back of the last page if there is insufficient space, or attach a separate page.

# Independence Australia Support Worker Application for Employment

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## PERSONAL DETAILS

Title	
Gender	
Last Name	
First Name	
Middle Name	
Date of Birth	

## RESIDENTIAL ADDRESS

Unit/ Apartment	
Street Number	
Street Name	
City	
State	
Postcode	

## CONTACT DETAILS

Email Address	
Phone (Home)	
Mobile	

## EMERGENCY CONTACT DETAILS

Last Name	
First Name	
Middle Name	
Relationship	
Mobile	
Phone (Home)	
Email Address	

## RESIDENTIAL STATUS

Are you Australian by birth, Australian citizen or permanent resident?  
Yes No

## VISA DETAILS

Does your visa allow you to work in Australia? Yes No

Visa Type	
Expiry Date	
List Any Restrictions	

**Please note:** the organisation under authority from the Department of Immigration, Multicultural and Indigenous Affairs (DIMIA) cannot offer employment unless you have a valid work permit.

By Completing This Form, You Authorise Independence Australia To Undertake Regular/Ongoing Visa Checks With VEVO To Confirm Your Work Entitlement.

I agree with the above statement

## OTHER

Are you Aboriginal or Torres Strait Islander? Yes No

Are you on the disability worker exclusion list? Yes No

Do you authorise Independence Australia to undertake regular/ongoing checks to confirm with DWES suitability to work within the industry?

Yes No

## LICENCES AND CHECKS

Select your current driver's licence status

Mode of transport

Do you have a current employment Working with Children's Check?

Yes No

Have you ever worked for independence Australia/ Paraquad or DASSI before?

Yes No

If Yes, what year?

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## AUTHORIZATION

I give my permission for Independence Australia to share my personal information within Independence Australia and subsidiary organisations for the purpose of providing important organisational information, career opportunities, health and wellbeing information, training and development initiatives and roster vacancies of the organisation.

## EDUCATION

Please select your qualifications

Qualification (if applicable)	
Qualification Type/ Title	
Name of the Institution	
Start Date (month/year)	
Completion Date (month/year)	

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Completion Date (month/year)	

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Qualification Type/ Title	
Name of the Institution	
Start Date (month/year)	
Completion Date (month/year)	

Qualifications	Status
HC30408 - Certificate III in Disability	
CHC43115 - Certificate IV in Disability	
CHC33015 – Certificate III in Individual Support	
HLT54115 - Diploma of Nursing	
Bachelor of Nursing	
Other	
Other	

### COMPLIANCE TRAINING

(Multiple selection permitted)

Tick short courses that you have successfully completed within the past 12 months

- CPR
- Manual handling
- Infection control
- None of the above

Tick short courses that you have successfully completed within the past 2 years

- Fire Safety
- OHS Awareness
- Emergency Evacuation
- Medication Management
- Food Safety
- None of the above

Tick short courses that you have successfully completed within the past 3 years

- First Aid
- Anaphylaxis
- None of the above

Have you completed the NDIS Worker Orientation Module?

- Yes
- No

### SKILLS

#### Client Groups:

Tick box if you have had experience with the following

- Paraplegia/Quadriplegia
- Acquired Brain Injury
- Aged Care
- Autism Spectrum
- Intellectual Disability
- Neurological Disorders (MS, Parkinson's, Epilepsy)
- Cerebral Palsy
- Multiple Sclerosis
- Muscular Dystrophy
- Behaviours Of Concern
- None of the above

#### Personal Care:

Tick box if you have had experience with the following

- Showering
- Hoist Transfers
- Dressing
- Slide Boards/ Sheets
- Wheel Chairs
- Leg Bag Care
- Assisted Standing
- Therapy Programs
- Catheter Care
- Domestic Support
- Peg Feeding
- Meal Preparation
- Bowel Care (Bowel Care (Including Enemas, Suppositories, Anal Stimulation And Abdominal Massage)
- Grooming
- Ventilator/ Tracheotomy
- Non Verbal
- None of the above

## PROFESSIONAL REFEREES

Please nominate 3 people in a senior role that you reported to from your last 3 consecutive positions.  
Only professional work or study related referees will be accepted.

Name	Position	Company	Contact details	
			Phone	Email

## AUSTRALIAN POLICE CLEARANCE

Do you have a current police check (obtained within the last six months)? Yes No

If no, please process your police check online [fit2work.com.au](http://fit2work.com.au)

Do you have any criminal convictions, disclosable outcomes, items pending in Australia? Yes No

If yes, please declare any outcomes or convictions on the statutory declaration form.

## INTERNATIONAL POLICE CLEARANCE

Do you have any criminal convictions, disclosable outcomes, items pending overseas? Yes No

Have you at any time lived outside Australia over the last ten years for more than one year? Yes No

If yes, please list below the countries you have lived in or travelled to:

Country	Year	Duration

Can you provide an international police check for the countries you have lived in overseas? Yes No

If yes, please attach original or certified copy. If you have answered no, please provide two contactable referees who resided in the country and can verify your activities at the time.

Reference Name	
Position & Company	
Email Address	
Relationship	
Country & Duration	

Reference Name	
Position & Company	
Email Address	
Relationship	
Country & Duration	

Reference Name	
Position & Company	
Email Address	
Relationship	
Country & Duration	

Reference Name	
Position & Company	
Email Address	
Relationship	
Country & Duration	

## MEDICAL HISTORY

In the role of a Disability Support Worker, you may be required to work unsupervised and often alone with a client within their home. Listed below are a group of activities that you will be involved in during your day-to-day tasks when providing personal care to consumers.

Tasks required when providing personal care are:

- Crouching
- Standing for two hours
- Kneeling
- Walking for two hours
- Lifting
- Bending
- Sitting for two hours
- Pushing
- Pulling
- Repetitive movement of the hands or arms
- Raising your arms up above your head

We request that you disclose any pre-existing injuries, illnesses or conditions of which you are aware and could reasonably be expected to foresee could be affected by the nature of the position that you are applying for.

**Please note:** under section 41 workplace injury rehabilitation and compensation act, failure to disclose information regarding pre-existing injuries or diseases may result in the worker not entitled to WorkCover compensation for that particular injury or disease in the event of recurrence, aggravation, acceleration, exacerbation or deterioration of the condition.

Are you aware of any pre-existing injury, illness or condition that may be affected by this work?

Yes No

If yes, please declare any pre-existing injury or disease.

Are you prepared to provide/ undertake an independent medical to support your application if necessary?

Yes No

I authorise for Independence Australia to forward my full name, suburb and telephone number to ohs solutions to arrange a medical appointment?

Yes

Have you made a WorkCover claim in the last five years?

Yes No

If yes, please list the details of any claims made.

## DECLARATION IN SUMMARY

Please tick whichever of the following statements is applicable:

Yes, I have no prior injuries that may recur, deteriorate, be exacerbated or aggravated by the employment

Yes, I have suffered the conditions as indicated on the previous page and these may recur, deteriorate, be exacerbated or aggravated by the employment.

Yes, I have suffered the conditions as indicated on the previous page and will not recur, deteriorate, accelerate or be exacerbated or aggravated by the employment.

I declare that:

- I have answered all questions honestly and openly and I have not knowingly withheld any relevant information
- I have read the position description and I understand the inherent requirements of the position for which i am applying
- I have been advised by Independence Australia of what the role entails. I have read and understand the responsibilities and physical demands of the position as described in the position description
- I acknowledge that failure to disclose this information or providing false and misleading information may result in invoking section 41 workplace injury rehabilitation and compensation act which will dis-entitle me or my dependants from receiving any workers' compensation benefits relating to any recurrence,
- Aggravation, exacerbation or deterioration of any pre-existing condition which I may have arising out of or in the course of, the employment
- Independence Australia complies with the state and federal privacy legislation and understands the purpose and uses that may be made of the information I have provided. If during the recruitment and selection process, or during the employment life-cycle, a finding of a disclosable outcome is obtained by Independence Australia through the national police checking service or mercury search & selection p/I I agree that the disclosable outcome information will be retained and stored past the destroyed date specified on the outcome result in a secure location in accordance with the Independence Australia staff file management policy.

By entering your name below you agree to the above declaration.

Please enter your name

Please enter the date

You may be asked to provide a certificate of capacity stating you are fit for normal duties and or a letter from the insurance company stating that the claim is closed.

**Independence Australia**  
**Support Worker Application for Employment**

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**NOTES**

A large, empty rectangular box with a thin blue border, intended for handwritten notes.

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I,  of

do solemnly and sincerely declare that I have fully disclosed in writing to Independence Australia, all details of:

- Any charges laid against me by police concerning any offence committed in Australia or in another country in the past
- Any offence of which I have been found guilty, committed in Australia or in another country in the past
- Any formal disciplinary action taken against me by any current or former employer
- Any finding of improper or unprofessional conduct by me by any court or Tribunal of any kind
- Any investigations I have been the subject of by an employer, law enforcement agency or any integrity body or similar in Australia or in another country
- And that a copy of my responses to the above issues which I have provided to Independence Australia is attached hereto.

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

Declared at:

This  of

Signature of person making this declaration

To be signed in front of an authorised witness

Before me,

Signature of Authorised Witness

The authorised witness must print or stamp his or her name, address and title under section 107A of the Evidence (Miscellaneous Provisions) Act 1958 (as of 1 January 2010), (previously Evidence Act 1958), (e.g. Justice of the Peace, Pharmacist, Police Officer, Court Registrar, Bank Manager, Medical Practitioner, Dentist)



# Disability Worker Exclusion Scheme

Consent and Acknowledgment Form (v2)

I am aware that the Department of Health and Human Services (the department) operates a Disability Worker Exclusion Scheme and has a Disability Worker Exclusion List (the List).

I consent to my personal details being provided to the department for the purpose of checking against the List.

I consent to the department collecting personal information and sensitive personal information about me, including information relating to any criminal, disciplinary and employment history of mine, for the purposes of the department compiling and maintaining the List.

I accept that if my name is on or is placed on the List, I will be prevented from being engaged by:

**A. a disability service provider (as defined in the *Disability Act 2006 (Vic)*) as:**

A Disability Worker, being a person engaged by a service provider who:

- i. provides, or supervises or manages a person who provides direct support to a person with a disability, and
- ii. has direct contact or access to a person with a disability

and excluded from any work at the disability service that falls within the definition of Excluded Work being work at a disability service:

- i. as a Disability Worker, or
- ii. that involves regular direct contact with or access to a person with a disability.

**B. a registered NDIS provider registered under section 73E of the *National Disability Insurance Scheme Act 2013 (Cth)* as:**

- i. an NDIS worker involved in the direct delivery of specified supports and services to people with a disability as a normal part of their duties or
- ii. an NDIS worker likely to require more than incidental contact with people with a disability as a normal part of their duties
- iii. a key personnel as defined under section 11A of the *National Disability Insurance Scheme Act 2013 (Cth)* which includes executive, senior management and operational positions in a registered NDIS provider (such as, a Chief Executive Officer, Chairperson or Board Member).

I accept that a self-managed participant may also choose not to engage me if my name is placed on the List.

I agree that the department may inform any registered NDIS provider, disability service provider, labour hire agency or self-managed NDIS participant that has engaged me or proposes to engage me that I am on the List, or that I am the subject of a Notification by a disability service provider, registered NDIS provider, labour hire agency or self-management NDIS participant.

I agree to inform **Independence Australia** of the name and address of any other disability service provider or registered NDIS provider I am, or intend to be, engaged by.

# Disability Worker Exclusion Scheme

Consent and Acknowledgment Form (v2)

Full Name	
Address	
Telephone	
Email	

Signature

Date

*Independence Australia and the department are committed to protecting your privacy. Independence Australia and the department collect and handle personal and sensitive information for the purposes of the operation of the Disability Worker Exclusion Scheme.*

*In order to manage the Disability Worker Exclusion Scheme, the department may share your personal information with external parties such as other service providers or registered NDIS providers.*

*For more information on the department's privacy collection, please refer to the department's privacy policy or visit our website on <https://dhhs.vic.gov.au/publications/privacy-policy>*

*You may request to access your information that is provided to Independence Australia. Independence Australia can be contacted on **1300 704 456** and [hrteam@iagroup.org.au](mailto:hrteam@iagroup.org.au) or you may contact the department's Privacy Unit by emailing [privacy@dhhs.vic.gov.au](mailto:privacy@dhhs.vic.gov.au).*

To receive this publication in an accessible format phone **(03) 9096 3203**, using the National Relay Service **13 36 77** if required, or email the DWES Unit [DWESU@dhhs.vic.gov.au](mailto:DWESU@dhhs.vic.gov.au).

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Available at the DWES page on the department's website <https://providers.dhhs.vic.gov.au/disability-worker-exclusion-scheme>.